

Acenza: Task

Task: Internal Resource Response				Due Date: 08/17/2005	
Start Date: 08/08/2005		Logs (0)			
<div> <div>Task</div> <div>Contents</div> <div>Notes (0/0)</div> </div>					
Details					
Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Sodders	Incident #	513554	Claim Eff Dt-Status	01/21/2003 - Active
<i>*Do not use this task for any of the following referrals: Appeals, External Medical/Vocational Referrals (IME, FCE, etc.), Legal, Pre-SAM/SAM, Overpayment, Settlement, Social Security and Other Benefits</i>					
Referral Type	<div> <div>Vocational</div> <div>Vocational Rehab Counselor</div> <div>Name: Ginny Schmidt</div> <div><input checked="" type="checkbox"/> New Nurse/VRC of Record</div> </div>				
Role	<div> <div>Check all that apply for Medical or Vocational</div> <div> <input checked="" type="checkbox"/> Symptoms insufficient to support diagnosis <input checked="" type="checkbox"/> Treatment plan and/or provider specialty is not consistent with Claimant's Diagnosis <input checked="" type="checkbox"/> Occupational requirements assessment is needed <input checked="" type="checkbox"/> Determine Functional Capacity <input checked="" type="checkbox"/> Projected return to work date is unclear or undetermined <input checked="" type="checkbox"/> Return to Work Assistance <input checked="" type="checkbox"/> Internal Transferable Skills Assessment <input checked="" type="checkbox"/> Claim Complexity Changed <input checked="" type="checkbox"/> Other </div> </div>				
Specify Other					
Comments	<div> 08/08/05 referring for TSA based on L/R provided by the 07/26/05 FCE. Please note that there is no A/O date. However, Disability is defined as either unable to perform all the material duties of the regular occupation, or an inability to earn more than 80% of the Indexed BME. As such, if cx's own occ is not identified on the TSA, then the earnings requirement is \$5,172.32 monthly. MDSodders CM </div>				

https://dms-acclaim.group.cigna.com/acenza/Task/TaskOTCTASK_INTERNAL_RESOURCE_RESPONSEDisplay.asp?id=1... 08/09/2005

Acenza: Task

Title		TSA Results	
Referral	Accepted	Yes	Date 08/09/2005
Comments			

Investigation Result

The TSA has been performed using the sedentary restrictions from the FCE done on 7/26/05 on the claimant, along with his work history of being a Wage and Salary Manager twice in his history, and as an Asst. Director of Human Resources, having a Bachelors Degree in Business Administration/Psychology, and having taken 1 year of classwork in Graduate School for MIS, and the wage requirement of \$5,172.63 a month. Using these criteria, several jobs were indicated for his current abilities, which should allow alternation of physical positions throughout the workday, at his will, including his own job as a Salary and Wages Manager Compensation Manager for the Policyholder. Along with this position, several others were indicated, including management in data processing and computer operations, employee welfare and mediation and credit analysis. See full report in the file. Returning file and report to the CM for review.

Last Changed User		Ginny Schmidt		Last Changed Date		08/09/2005 11:20 AM											
<div> <div>Active Contents</div> <table border="1"> <thead> <tr> <th>Type</th> <th>Due Date</th> <th>Created By</th> <th>Assigned To</th> <th>Title</th> </tr> </thead> <tbody> <tr> <td>LTD</td> <td>06/06/2000</td> <td>Mark Sodders</td> <td>ALFANO STEVEN - 099449648</td> <td>01/14/1958</td> </tr> </tbody> </table> </div>								Type	Due Date	Created By	Assigned To	Title	LTD	06/06/2000	Mark Sodders	ALFANO STEVEN - 099449648	01/14/1958
Type	Due Date	Created By	Assigned To	Title													
LTD	06/06/2000	Mark Sodders	ALFANO STEVEN - 099449648	01/14/1958													
Status: Completed		Assigned To: Ginny Schmidt		Created:		08/08/2005 09:15 AM											

https://dms-acclaim.group.cigna.com/acenza/Task/TaskOTCTASK_INTERNAL_RESOURCE_RESPONSEDisplay.asp?id=1... 08/09/2005



Transferable Skills Analysis Referral Form Labor Market Survey Referral Form

Claimant Name: Steven AlfanoDate of Referral: 8/8/2005Policyholder: Weill Medical CollegePolicy #: NYK 1972Case Manager: Mark Sadders

RUSH/TL Signature: _____

List Primary Diagnosis: Spinal StenosisIndexing required according to policy? yes
Is the account ERISA or Non-ERISA? yesEarnings threshold for this referral: 80%
(based on contract and/or procedure)Index Earnings as of this date: 8/8/2005Initial Covered Earnings (BME) AS OF: 6/6/2000= \$5,933.32

Incurred Date

8.97%

CPI for 2000
through 2003

Current Indexed Covered Earnings:

\$6,465.79

Wage Requirement for this referral = \$ 5,172.631 Why are you referring this file for a TSA? OtherOther Reason: Continuing TDAny Occ Date: n/a

2 LMS will be conducted if necessary.

Please provide:

City: BronxState: NYZip: 10463

3 For work history information, TAB the following documents in the file for use in performing TSA:

Document**Tabbed in File?**

1 DQ

yes

2 Job Description

yes

3 Resume/Job Application

-

(From ER if possible)

4 For Limitations and Restrictions, please TAB the following items in the file:

Document**Tabbed in File?**

Current Medical (< 6 mos. old)

yesexamples: PAA, Psych Abilities Form, IME,
FCE, AMD/NCM Documentation of
L's / R's

5 State any other pertinent information or other specific issues which need to be addressed by the TSA.

There is no A/O date. However, Disability is defined as either unable to perform all the material duties of the regular occupation, or an inability to earn more than 80% of the Indexed BME.

Select Office Location: DallasReturn this form and the file to: Ginny Schmidt, MS, CRC
Rehabilitation Specialist
Extension 7158

Acenza: Task

File being given to Tiffany to set up 1 day FCE. GS Appt now set for 7/26/05. GS

Investigation Result

The FCE report has been received. The claimant was found to be able to function at the sedentary level of work, for and 8 hour workday, but it would have to be a position in which he would not have to perform any lifting and carrying of more than negligible amounts, and he will need to be able to be able to change positions while sitting approximately every 10-15 minutes. They were unable to complete the dynamic and static lifting tests, the aerobic testing on the treadmill and much of the other testing due to his complaints of pain and needing to lie down to get relief. He was found to be able to perform fine manipulation, handling, reaching, pushing/pulling, climb stairs, sitting, standing and walking all on an occasional basis, and was unable to climb ladders, stoop, kneel, crouch, crawl, or balance, and had the need to use a cane for ambulation. On a constant basis, he is able to see, hear, talk. They felt he gave a maximum effort during testing, due to his increase in respiration and heart rate during the tests. See full report in the file. Returning file and report to the CM for review.

Last Changed User

Ginny Schmidt

Last Changed Date

08/05/2005 03:38 PM

Active Contents

Type	Due Date	Created By	Assigned To	Title
LTD	06/06/2000	Mark Sodders	ALFANO, STEVEN	-- 01/14/1958

Status: **Completed**

Assigned To: Ginny Schmidt

Created: 06/09/2005 01:37 PM

Acenza: Task

Task: Internal Resource Response		Start Date: 07/05/2005		Due Date: 07/29/2005	
<div> Task Contents Notes (0/0) Logs (0) </div>					
Details					
Name	STEVEN ALFANO	SSN	089-44-9848	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Sodders	Incident #	513554	Claim Eff Dt-Status	01/21/2003 - Active
<i>*Do not use this task for any of the following referrals: Appeals, External Medical/Vocational Referrals (IME, FCE, etc.), Legal, Pre-SAM/SAM, Overpayment, Settlement, Social Security and Other Benefits</i>					
Referral Type	Vocational				
Role	Vocational Rehab Counselor				
Name	Ginny Schmidt				
	<input type="checkbox"/> New Nurse/VRC of Record				
Check all that apply for Medical or Vocational <input checked="" type="checkbox"/> Symptoms insufficient to support diagnosis <input checked="" type="checkbox"/> Treatment plan and/or provider specialty is not consistent with Claimant's Diagnosis <input type="checkbox"/> Occupational requirements assessment is needed <input checked="" type="checkbox"/> Determine Functional Capacity <input type="checkbox"/> Projected return to work date is unclear or undetermined <input type="checkbox"/> Return to Work Assistance <input type="checkbox"/> Internal Transferable Skills Assessment <input type="checkbox"/> Claim Complexity Changed <input type="checkbox"/> Other					
Specify Other					
Comments					
Referring for 1-day FCE. Mdsodders CM					
Title	FCE Scheduling				
Referral Accepted	Yes				
Comments	Date 06/10/2005				

https://dms-acclaim.group.cigna.com/acenza/Task/TaskOTCTASK_INTERNAL_RESOURCE_RESPONSEDisplay.asp?id=1... 08/05/2005

AUG-04-2005 THU 01:04 PM

FAX NO.

P. 01

HealthSouth Network Services

FAX TRANSMITTAL SHEET

P.O. Box 382647
Birmingham, AL 35238-2647
Phone (800) 634-8536, ext. 7729
Fax (800) 634-8532; (205) 262-4394

TO: Tiffany Brown

FROM: Frances McDowell

DATE: 08/04/05

FAX NUMBER: 1-860-731-3244

TOTAL PAGES: 26 (including cover sheet)

COMMENTS: Here is the report and invoice for Steven Alfano.

If there are problems receiving this transmittal please call:

Frances McDowell
1-800-634-8536, ext. 7729

CONFIDENTIALITY NOTE: The information contained in this facsimile message may be legally privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any use, dissemination, distribution or copying of this information is strictly prohibited and may result in violations of federal or state law. If you have received this telecopy in error, please notify us immediately by calling (collect) the telephone number above and destroy the original message. Thank you.

Facility Fax Cover 01A/7/02

CLICNY 0724

AUG-04-2005 THU 01:04 PM

FAX NO.

P. 02

HealthSouth Network Services

FAX TRANSMITTAL SHEET

P.O. Box 382647
Birmingham, AL 35238-2647
Phone (800) 634-8536, ext. 7729
Fax (800) 634-8532; (205) 262-4394

TO: Tiffany Brown

FROM: Frances McDowell

DATE: 08/04/05

FAX NUMBER: 1-860-731-324426

TOTAL PAGES: 26 (including cover sheet)

COMMENTS: Here is the report and invoice for Steven Alfano.

If there are problems receiving this transmittal please call:

Frances McDowell
1-800-634-8536, ext. 7729

CONFIDENTIALITY NOTE: The information contained in this facsimile message may be legally privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any use, dissemination, distribution or copying of this information is strictly prohibited and may result in violations of federal or state law. If you have received this telecopy in error, please notify us immediately by calling (collect) the telephone number above and destroy the original message. Thank you.

Facility Fax Cover 01/01/02

CLICNY 0725

AUG-04-2005 THU 01:04 PM

FAX NO.

P. 04

88/04/2005 01:27 8452941423

SPORTS PT OF NY

PAGE 82/25

*Sports Physical Therapy of New York, P.C.***FUNCTIONAL CAPACITY EVALUATION**

CLIENT: Steven Alfano
 EMPLOYER: Cornell Medical College
 DATE OF INJURY/ILLNESS: 06/06/00
 DATE OF EVALUATION: 07/26/05
 DATE OF REPORT: 07/28/05
 SPORTS PHYSICAL THERAPY OF NY
 I.D. NO.: N/A
 DATE OF BIRTH: 01/14/1958

REFERRED BY: Mark Soddars
 PHYSICIAN: Keith Roach MD
 INSURANCE CARRIER: Cigna Insurance
 INSURANCE REP.: Mark Soddars
 INSURANCE I.D. NO.: N/A
 SOCIAL SECURITY NO.: xxx-xx-9848
 DIAGNOSIS: Lumbar Stenosis

VITAL SIGNS

HEIGHT: 72 " WEIGHT: 270 lbs.
 RESTING HEART RATE: 80 bpm
 Starting Time: 10:00am Ending Time: 1:30pm

HAND DOMINANCE: LEFT
 RESTING BLOOD PRESSURE: 138/80 mm/Hg

PURPOSE OF ASSESSMENT

- ☒ Comprehensive Functional Evaluation
☐ Return to Work
☐ See Attached

- ☐ Occupational/Work Capacity

- ☒ Address Specific Referral Questions

☒ Other/Comments: Please qualify the patient's capability to perform any occupation for an eight hour period. Determine safe, permissible lifting abilities and general physical demand category. Did the individual demonstrate a maximal effort throughout testing. Provide report of any discrepancies between subjective complaints and observed behaviors.

CONCLUSION

The results of this evaluation indicate that Steven Alfano is currently functioning safely at a sedentary level for an eight hour period according to NY Department of Labor Standards. He is able to manipulate objects at desk level, push 20 lbs and pull 14 lbs. He was unable to stoop, kneel, crouch, or crawl due to decreased range of motion as well as weakness and buckling of his lower extremities. Although, Mr. Alfano was very cooperative attempting all required tasks, he was unable to complete the lifting, both static and dynamic, as well as the step test. I stopped these tests due to frequent buckling and increased risk of falling. He had two episodes of loss of balance due to buckling requiring the assistance of the examiner in order to prevent a fall. As described by Mr. Alfano, his job required him to be in a prolonged sitting posture. The clinical data obtained at this evaluation does not support his ability to tolerate sitting for any duration greater than 10-15 minutes without a drastic change in position. During the exam he frequently lied down to alleviate symptoms. His physiologic changes were appropriate with his increased subjective complaints. His effort during the exam was maximal and consistent with a negative REG score and appropriate physiological changes. His range of motion was severely limited both when the patient was aware and unaware of observation. He was driven and accompanied to the exam by his wife.

PHYSICAL DEMAND CATEGORY (U.S. Department of Labor, Dictionary of Occupational Titles)

- ☒ **Sedentary Work:** Exerting up to 10 lbs. force occasionally and/or a negligible amount of force frequently to lift, carry, push, pull or otherwise move objects, including human body.
- ☐ **Light Work:** Exerting up to 20 lbs. force occasionally, and/or up to 10 lbs. force frequently, and/or a negligible amount of force constantly to move objects.
- ☐ **Medium Work:** Exerting 20 lbs. to 50 lbs. of force occasionally, and/or 10 lbs. to 25 lbs. of force frequently, and/or greater than negligible up to 10 lbs. of force constantly to move objects.
- ☐ **Heavy Work:** Exerting 50 lbs. to 100 lbs. of force occasionally, and/or 25 lbs. to 50 lbs. of force frequently, and/or 10 lbs. to 20 lbs. of force constantly to move objects.
- ☐ **Very Heavy Work:** Exerting in excess of 100 lbs. of force occasionally, and/or in excess of 50 lbs. of force frequently, and/or in excess of 20 lbs. of force constantly to move objects.

Thank you for referring Steven Alfano to *Sports Physical Therapy of New York, P.C.* . If you have any further questions regarding this evaluation, please do not hesitate to contact us.

33 Irving Place Floor 9 • New York • NY • 10003 • 212-677-3989 •

PAGE 2/25 • RCVD AT 8/4/2005 12:24:53 PM (Central Daylight Time) • SVR: NS01NS134 • CNB: 3121 • CSID: 8452941423 • DURATION (mm:ss): 07:30

CLICNY 0726

AUG-04-2005 THU 01:05 PM

FAX NO.

P. 05

88/84/2005 01:27 8452941423

SPORTS PT OF NY

PAGE 83/25

Functional Capacity Evaluation

Re: Steven Alfano SSN: xxx-xx-9848

Insurance I.D. No.: N/A

Professionality

 MSPT

Jacqueline Genovese, MSPT
Physical Therapist

cc: Mark Sadders file

33 Irving Place Floor 9 • New York • NY • 10003 • 212-677-3989 •

PAGE 375 • RCVD AT 8/4/2005 12:24:53 PM (Central Daylight Time) • SVR:HS01MS134 • DMS:3121 • CSID:8452941423 • DURATION (mm:ss):07:30

CLICNY 0727

AUG-04-2005 THU 01:05 PM

FAX NO.

P. 06

88/04/2005 01:27 8452941423

SPORTS PT OF NY

PAGE 04/25

Functional Capacity Evaluation

Re: Steven Alfano SSN: xxx-xx-9848

Insurance I.D. No.: N/A

U.S. Department of Labor (D.O.T. Category)	Occasional (1 - 33%) (< 2.5 hrs)	Frequent (34 - 66%) (2.5 - 5.5 hrs)	Constant (67 - 100%) (5.5 + hrs)	Occ Required	Adequate
Lifting - Floor to Knuckle	<input type="checkbox"/> lbs.	<input type="checkbox"/> lbs.	<input type="checkbox"/> lbs.	<input type="checkbox"/>	<input checked="" type="checkbox"/> Unable
- Knuckle to Shoulder	<input type="checkbox"/> lbs.	<input type="checkbox"/> lbs.	<input type="checkbox"/> lbs.	<input type="checkbox"/>	<input checked="" type="checkbox"/> Unable
- Floor to Shoulder	<input type="checkbox"/> lbs.	<input type="checkbox"/> lbs.	<input type="checkbox"/> lbs.	<input type="checkbox"/>	<input checked="" type="checkbox"/> Unable
Carrying: Distance: PL	<input type="checkbox"/> lbs.	<input type="checkbox"/> lbs.	<input type="checkbox"/> lbs.	<input type="checkbox"/>	<input checked="" type="checkbox"/> Unable
Pushing: (Max. Wt.: 20 lbs.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pulling: (Max. Wt.: 14 lbs.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitting:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standing:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climbing: Regular Stairs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regular Ladders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> N.T.
Balancing:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Unable
Sloping:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Unable
Kneeling:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Unable
Crouching:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Unable
Crawling:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Unable
Reaching: Overhead	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Desk Level	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floor Level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Unable
Handling: Firm Grasp Right	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Left	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handling: Simple Grasp Right	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Left	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fingering: Fine Motor Right	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Left	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foot Controls Right	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Left	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seeing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talking	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: Mr. Alfano's cardiovascular endurance was maintained at \leq or \approx 65% of his age predicted max heart rate.
See dynamic lifting and positional tolerance section for more details.

Clinician's Name: Jacqueline Genovese, MSPT
Company: SPORTS PHYSICAL THERAPY
OF NEW YORK, P.C.

Clinician's Signature: *[Signature]*
Date: 07/26/05

AUG-04-2005 THU 01:05 PM

FAX NO.

P. 07

08/04/2005 01:27 8452941423

SPORTS PT OF NY

PAGE 85/25

Functional Capacity Evaluation

Re: Steven Alfano SSN: xxx-xx-9648

Insurance I.D. No.: N/A

SUBJECTIVE HISTORY

Steven Alfano is a 57 year old male with the current diagnosis of Lumbar Stenosis, onset 06/05/05. He had on and off pain in his lumbar spine and then went to reach for a bottle falling from the refrigerator and experienced intense and severe pain that persisted.

He is presently not working. Current medication includes: Oxycontin 80 mg 4x/ day, Nexium 40 mg 1x/day, Lisinopril 20 mg 1x/day, and Aspirin 81mg 1x/ day. He did take his medication as he normally would this morning. He was planning on taking his second dose this afternoon.

Previous treatment for this injury/illness (as reported by patient) includes:

He followed up with the MD who sent him for an MRI and physical therapy. He had two bouts of 4 weeks at therapy without much success. He also saw a neurosurgeon and pain management doctor. He opted to avoid surgery due to the reported limited success rate. Physical therapy two separate clinics for four weeks. He had a combination of treatments including exercises, modalities and manual therapy with limited success. He also had epidural injections with limited success.

Steven Alfano reported severe pain at an intensity of 7 (0 = no pain; 1,2,3 = low; 4,5,6 = moderate; 7,8,9 = severe; 10 = emergency pain). He reported that the pain ranges from 7 at best to 10 at its worst. He states that prolonged sitting aggravate lumbar symptoms, and that lying down and ice provides relief. Perceived abilities include: sitting 10-15 minutes, standing 10-15 minutes, walking 10-20 minutes, driving 10-20 minutes, and lifting 0 lbs.

The patient requires minimal assistance with activities of daily living (ADL's).

His wife aids in his ADL's including dressing, his children also help him with grocery shopping by carrying groceries. He describes a typical day as: waking and dressing with wife's assistance, walking his children to the bus, coming home to rest, getting children from the bus and maybe go to the store, then returning home to rest. He eats his dinner in his recliner as it is reported easier for him to tolerate a reclined position than an upright one. Sleep is disturbed with frequent awakenings. He reported difficulty with finding comfortable positions. The patient reports that he does not perform an exercise program.

Additional subjective information includes: (N/A)

VOCATIONAL/JOB HISTORY: Job description reported by client.

Mr. Alfano described his job as primarily a desk position working on a computer. He was interviewing candidates for positions and negotiating salaries. He did state that sometimes he went from site to site for the interviews but mostly was at his desk.

DOT #: NA

AUG-04-2005 THU 01:05 PM

FAX NO.

P. 08

08/04/2005 01:27

8452941423

SPORTS PT OF NY

PAGE 06/25

Functional Capacity Evaluation

Re: Steven Alfano SSN: xxx-xx-9648

Insurance I.D. No.: N/A

MUSCULOSKELETAL SCREENING

Gait: Mr. Alfano ambulates with a straight cane for support and to prevent buckling of his lower extremities. He did buckle twice during the evaluation when he did not have the support of the cane.

Posture: Mr. Alfano presents with a forward flexed trunk posture. He compensates for lack of mobility by turning his whole body, he reports that he does not bend at all at home without assistance.

Soft Tissue: Increased tightness noted in soft tissue of his entire lumbar spine and lower extremities. He reported "a good pain" during the straight leg raise portion of the screen.

Flexibility: Mr. Alfano demonstrates limited flexibility in his spine and lower extremities that was consistent when he was aware and unaware of the testing. He uses compensatory movement of his entire body to change positions.

Range of Motion: Significant Limitation in lumbar range of motion as noted in the attached range of motion screen. The limitations were consistent when the client was aware versus unaware of testing. He was able to increase his lumbar range with upper extremity support.

Strength: Mr. Alfano's lower extremity strength was limited and grossly assessed at 3+/5. He did have frequent episodes of buckling in his lower extremities which twice required the assistance of the examiner to prevent a fall. Upper extremity was screened and was within normal limits.

Neurological: Symmetrical bilaterally; mildly decreased in lower extremities.

Additional Testing: Mr. Alfano was unable to complete the jamar grip test without frequent rests to lie down supine due to report of increased pain with sitting.

ENDURANCE / AEROBIC CAPACITY

Modified Canadian Fitness Test ☐ Completed Test ☒ Incomplete Test
 ml/kg/min Classification: Unable to Determine <= 2 METS
 HR Increase: YES Respiration Increase: YES Blood Pressure:

Comments: Mr. Alfano was unable to maintain cadence on the step test. He attempted to perform the step three or four times with upper extremity support and while climbing his left lower extremity buckled and he lost his balance and required assistance from the evaluator to prevent his falling. The test was stopped due to the safety risk. His heart rate with this incident elevated from 80bpm at resting to 114bpm when the test was stopped. His functional cardiovascular endurance was unable to be assessed due to the exam being stopped.

DYNAMIC LIFT TESTING:

Comments: Mr. Alfano attempted to complete the lifting component of this exam and during the knuckle to shoulder occasional lift he was able to pick up the box, but when he attempted to bring it over his head his left lower extremity buckled and he dropped the box. He reported his pain was too severe to continue and he had to lie down. His heart rate elevated 10% with each attempt supporting a maximal effort.

POSITIONAL TOLERANCE TESTING:

33 Irving Place Floor 9 • New York • NY • 10003 • 212-677-3989 • v2-070505

5

PAGE 6/25 * REVD AT 8/4/2005 12:24:53 PM (Central Daylight Time) * SVR: NS01N5134 * DNS: 3121 * CSID: 8452941423 * DURATION (mm:ss): 07:30

CLICNY 0730

AUG-04-2005 THU 01:06 PM

FAX NO.

P. 09

08/04/2005 01:27 8452941423

SPORTS PT OF NV

PAGE 07/25

Functional Capacity Evaluation

Re: Steven Alfano SSN: xxx-xx-9848

Insurance I.D. No.: N/A

Comments: Mr. Alfano was unable to tolerate sitting greater than approximately 10-15 minutes. He frequently changed positions lying down and sitting in a reclined position on the plinth. His decreased range of motion and flexibility limits his ability to kneel, stoop, and crawl.

CONSISTENCY OF PERFORMANCE SUMMARY: 13 of 15 Consistent Tests

PERFORMANCE: ☒ Consistent Performance ☐ Inconsistent Performance ☐ Self Limiting Behavior

Discomfort/Pain: Post Mr. Alfano post test pain level was at 9/10 with increased soreness in overall lumbar area.
Comments: Mr. Alfano's effort was consistent throughout the exam attempting each task required. His physiologic responses had a direct correlation with his subjective complaints.

ADDITIONAL TESTING / COMMENTS: N/A

AUG-04-2005 THU 01:06 PM

FAX NO.

P. 10

08/04/2005 01:27 8452941423

SPORTS PT OF NY

PAGE 08/25

Functional Capacity Evaluation

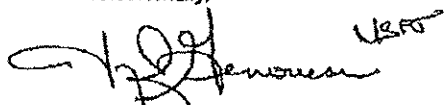
Re: Steven Alfano SSN: xxx-xx-9848

Insurance ID. No.: N/A

ADDITIONAL INFORMATION:

N/A

Professionally,



Jacqueline Genovesa, MSPT
Physical Therapist

33 Irving Place Floor 9 • New York • NY • 10003 • 212-677-3989 • v2-070505

7

PAGE 8/25 * RCVD AT 8/4/2005 12:24:53 PM [Central Daylight Time] * SVR:HS01MS13A * DNS:3121 * CSID:3452941423 * DURATION(mm-ss):07:30

CLICNY 0732

AUG-04-2005 THU 01:06 PM

FAX NO.

P. 11

08/04/2005 01:27 8452941423

SPORTS PT OF NY

PAGE 09/25

Functional Capacity Evaluation

Re: Steven Alfano SSN: xxx-xx-8648

Insurance I.D. No.: N/A

Sports Physical Therapy of New York, P.C.
23 Irving Place Floor 9
New York, NY 10003
Phone: 212-677-3989
Fax:

23 Irving Place Floor 9 • New York • NY • 10003 • 212-677-3989 • v2-070505

8

PAGE 09/25 • RCVD AT 8/4/2005 12:24:53 PM [Central Daylight Time] • SVR:HS01MS134 • DWS:3121 • CSID:8452941423 • DURATION (mm:ss):07:30

CLICNY 0733

AUG-04-2005 THU 01:06 PM

FAX NO.

P. 12

08/04/2005 01:27 8452941423

SPORTS PT OF NY

PAGE 10/25

JUN-29-05 WED 04:08 PM

FAX NO.

P. 08

PHYSICAL ABILITY ASSESSMENT

are evaluating your patient's disability claim in order to determine functional impairment. Please check the boxes corresponding to the patient's level of physical functioning. Please substantiate your findings with medical documentation. (Failure to provide the requested reports/data may result in delay in claim determinations).

Patient Name Steven AllenDate of Birth 11/11/58

Diagnosis(es)/ICD-9 Code _____

throughout an 8-hour workday, the patient can tolerate, with positional changes and meal breaks, the following activities for the specified durations:

	Not applicable to diagnosis(es)	Continuously (151-100%) (8.5 - hrs)	Frequently (75-100%) (2.5 - 5.5 hrs)	Occasionally (1-75%) (1.5 hrs)	Check if supported by objective findings
Sitting:				X	
Standing:				X	
Walking:				X	
Reaching: Overhead				X	
Desk Level					unable
Below Waist					
Fine Manipulations:					
Right:				X	
Left:				X	
Simple Grasp:					
Right:				X	
Left:				X	
Firm Grasp:					
Right:				X	
Left:				X	
Lifting:					unable
10 lbs.					unable
11-20 lbs.					unable
21-50 lbs.					unable
51-100 lbs.					unable
100+ lbs.					unable
Carrying:					unable
10 lbs.					unable
11-20 lbs.					unable
21-50 lbs.					unable
51-100 lbs.					unable
100+ lbs.					unable

PAGE 10/25 * RCVD AT 08/04/2005 12:24:33 PM [Central Daylight Time] * SVR: H691MS134 * DNR: 3121 * CSID: 8452941423 * DURATION (mm:ss): 07:30

AUG-04-2005 THU 01:06 PM

FAX NO.

P. 13

08/04/2005 01:27 8452941423

SPORTS PT OF NY

PAGE 11/25

JUN-29-05 WED 04:08 PM

FAX NO.

P. 08

	Not applicable to diagnosis (a)	Continuously (67-100%) (8.5 + hrs)	Frequently (31-66%) (2.5 - 8.5 hrs)	Occasionally (1-23%) (<2.5 hrs)	Check if supported by objective findings
Pushing: (Max. 50 lbs)				X	
Pulling: (Max. 40 lbs)				X	
Lifting: Regular lifts					Unable X
Regular ladders					Unable X
Balancing:					Unable X
Cooping:					Unable X
Twisting:					Unable X
Crawling:					Unable X
Stairing:		X			
Hoisting:		X			
Smell/Taste:		X			
Environmental conditions:					
Exposure to extremes in heat	X				
Exposure to extremes in cold	X				
Exposure to wet / humid conditions	X				
Exposure to vibration	X				
Exposure to odors / fumes / particles	X				
Can work around machinery	X				Unable X
Ability to work extended shifts / overtime:					
Use lower extremities for foot controls:				X	

Please use this space to elaborate on ANY of the above categories:

Please see Report for more details.

Name: Jacqueline Genovese Signature: [Signature] Date: 11/25/05
 Medical Specialty: Physical Therapy Phone:
 Address:
 Federal ID tax number:

Please include any objective test or narrative if available.

PAGE 11/25 RCV AT 08/04/2005 12:24:53 PM [Central Daylight Time] SVR:HS01MS134 * DMS:3121 * CSID:8452941423 * DURATION (mm-ss):07:30

AUG-04-2005 THU 01:07 PM

FAX NO.

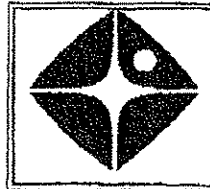
P. 14

08/04/2005 01:27 8452941423

SPORTS PT OF NY

PAGE 12/25

FUNCTIONAL ABILITIES EVALUATION



Client Information

Client Name: Mr. Steven Alfano

Address:

Dominant Hand: Left Hand

SSN: 000-00-9648

Date of Birth: January 14, 1958

Gender: Male

Height: 76 inches

Weight: 270 lbs

Marital Status: Married

Employment Information

Occupation: Wage and Salary Manager

Employer: Cornell Medical College

Address:

Department: Personnel

Work Status: Not currently working

Start & Finish Date: Jul 26, 2005

Canadian Aerobic Fitness Test (mCAFT) Test Summary								© 1996 Philip Chabon, M.D.	
HR at start of test	Peak HR	HR at end of recovery	Pain Rating	Blood pressure		V02 Max ml/kg/min	MET level	Work equivalency	Test (min)
108 BPM	114 BPM	114 BPM		138/80	N/A	-0.1	0	Light	

He was unable to continue the test due to biomechanical factors. He was unable to complete test and right leg buckled twice and client lost his balance and was assisted by evaluator and wife to a plinth.

Isometric Strength Testing Summary								© 1996 Philip Chabon, M.D.	
Posture	Results	H Changes	Results	Appropriate	Start HR	Max HR	Final HR	Expected	
Squat Lift		H Squat Lift		Decrease? N/A					
Back Lift		H Back Lift		Increase? N/A					
Pull Out	14.8 lbs.	L=7.7 R=7.1						N/A	
Push In	21.2 lbs.	L=12.8 R=8.4						N/A	
High Near Lift		H High Near Lift		Decrease? N/A					

Graphs below show the change in heart rate for each test.

■ Before & After Test (BPM)
■ During Test (BPM)

PUSH IN NOTE: Test 2 right foot forward, test 3 left foot forward

SPORTS PHYSICAL THERAPY OF NY MANAGED BY HEALTHSOUTH
33 IRVING PLACE, NINTH FLOOR NEW YORK NY 10003 (212) 667-3989

The Human Evaluation & Rehabilitation System is a patented A/C system (P0180801) product of Human Medical Inc.



PAGE 12/25 * RCVD AT 8/4/2005 12:24:53 PM [Central Daylight Time] * SVR:HS01MS134 * CWS:3121 * CSID:2452941423 * DURATION (mm:ss):07:30

CLICNY 0736

AUG-04-2005 THU 01:07 PM

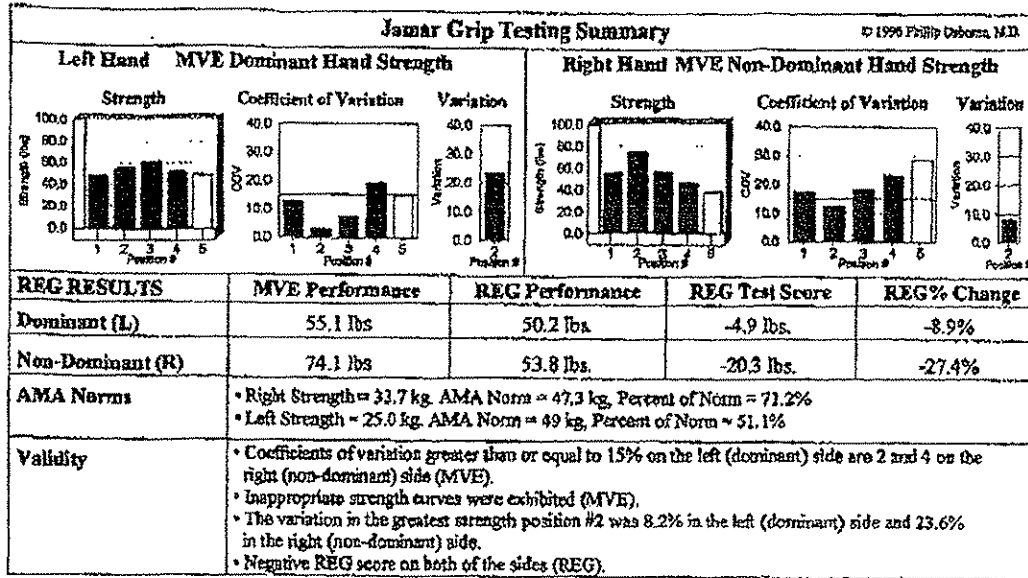
FAX NO.

P. 15

08/04/2005 01:27 8452941423

SPORTS PT OF NY

PAGE 13/25



SPORTS PHYSICAL THERAPY OF NY MANAGED BY HEALTHSOUTH
33 IRVING PLACE, NINTH FLOOR NEW YORK NY 10003 (212) 667-3989

Mr. Steven Allaha



PAGE 13/25 * RCVD AT 8/11/2005 12:24:53 PM (Central Daylight Time) * SVR:HS01M8134 * DMS:3121 * CSID:8452941423 * DURATION (mm:ss):07:30

CLICNY 0737

AUG-04-2005 THU 01:07 PM

FAX NO.

P. 16

08/04/2005 01:27

0452941423

SPORTS PT OF NY

PAGE 14/25

EPIC Lifting Summary								© 1996 Philip Osborn, M.D.	
Lumbar 1. Knuckle to Shoulder (Occasional)									
Final Weight	Perceived Load	Termination Reason	Work Equivalency	HR Start of Test	HR Peak	Final HR	Expected		
20 Lbs.	Heavy	Psychophysical	Light	115	114	102	NO		
Lumbar 2. Floor to Knuckle (Occasional)									
Final Weight	Perceived Load	Termination Reason	Work Equivalency	HR Start of Test	HR Peak	Final HR	Expected		
0 Lbs.		Psychophysical	Sedentary	106	109	103	NO		
Lumbar 3. Floor to Shoulder (Occasional)									
Final Weight	Perceived Load	Termination Reason	Work Equivalency	HR Start of Test	HR Peak	Final HR	Expected		
0 Lbs.	None	Biomechanical	Sedentary	107	107	106	NO		
Lumbar 4. Knuckle to Shoulder (Frequent)									
Final Weight	Perceived Load	Termination Reason	Work Equivalency	HR Start of Test	HR Peak	Final HR	Expected		
0 Lbs.	None	Biomechanical	Sedentary	105	0	None	NO		
Lumbar 5. Floor to Knuckle (Frequent)									
Final Weight	Perceived Load	Termination Reason	Work Equivalency	HR Start of Test	HR Peak	Final HR	Expected		
0 Lbs.	None	Biomechanical	Sedentary	104	0	None	NO		
Lumbar 6. Floor to Shoulder (Frequent)									
Final Weight	Perceived Load	Termination Reason	Work Equivalency	HR Start of Test	HR Peak	Final HR	Expected		
0 Lbs.	None	Biomechanical	Sedentary	99	0	None	NO		
<ul style="list-style-type: none"> The peak heart rates for each subtest are NOT in the expected ascending order. 6 of the EPIC subtests did NOT display the expected 10% increase in heart rate. Based on the documented physiological and biomechanical changes it is our opinion that the evaluatee did provide a maximal acceptable effort during the ELC evaluation. 									

SPORTS PHYSICAL THERAPY OF NY MANAGED BY HEALTHSOUTH
 33 IRVING PLACE, NINTH FLOOR NEW YORK NY 10003 (212) 667-3989

Mr. Stewart Affonso

PAGE 14/25 * RCVD AT 04/2005 12:24:53 PM [Central Daylight Time] * SVR:HS01M6134 * DHS:3121 * CSID:0452941423 * DURATION (mm:ss):07:30

CLICNY 0738

AUG-04-2005 THU 01:08 PM

FAX NO.

P. 17

88/04/2005 01:27 8452941423

SPORTS PT OF NY

PAGE 15/25

Range of Motion ► Lumbar

Jul 26, 2005 11:48:57 AM

	True Lumbar Flexion	True Lumbar Extension	Left Lateral Flexion	Right Lateral Flexion	Left Straight Leg Raise	Right Straight Leg Raise
Normal:	60	25	25	25	80	80
Trial 1:	0	1	2	1	36	12
Trial 2:	3	4	2	4	26	13
Trial 3:	0	3	2	7	18	11
Average	0.3	2.7	2.0	4.0	26.7	12.0
Maximum	1.0	4.0	2.0	7.0	36.0	13.0
AMA Valid	YES	YES	YES	YES	NO	YES
% of Normal	1%	11%	8%	16%	33%	15%



Reference Information

American Medical Association Guides to the Evaluation of Permanent Impairment, Fifth Edition

SPORTS PHYSICAL THERAPY OF NY MANAGED BY HEALTHSOUTH
33 IRVING PLACE, NINTH FLOOR NEW YORK NY 10003 (212) 667-3900

PA. REPORT AHEAD



PAGE 15/25 * RCVD AT 8/4/2005 12:24:53 PM (Central Daylight Time) * SVR:HS011813H * DUNS:3121 * CSID:8452941423 * DURATION (mm:ss):07:30

CLICNY 0739

AUG-04-2005 THU 01:08 PM

FAX NO.

P. 18

08/04/2005 01:27 8452941423

SPORTS PT OF NY

PAGE 16/25

Hand Grip Strength

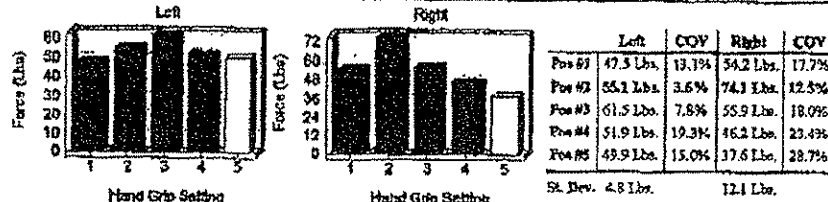
The JAMAR hand dynamometer was used in order to quantify grip strength and determine whether Mr. Steven Alfano exerted consistent effort during grip strength testing. Mr. Steven Alfano was tested using the maximum voluntary effort and rapid exchange hand grip protocols. Mr. Steven Alfano is left hand dominant. Normative data is based on the assumption that right and left hand dominant subjects, analyzed separately show little functional difference between their mean scores.^{1, 2}

Maximum Voluntary Effort (MVE)

Jul 26, 2005 11:39:28 AM



The hand dynamometer is set to each of the five measurable positions which vary the client's grip size. The results of the test of the average maximum force during each position are displayed by the corresponding bar graphs.



Using the Maximum Voluntary Effort (MVE) protocol over a range of five positions on the hand dynamometer, it is expected that the strength graphs obtained results in a bell-shaped curve^{1, 2, 3, 4} even in a disabled population or if the client's hand is injured⁵ with at least 6 of the 10 coefficients of variation within the acceptable 15% or less limit.⁶

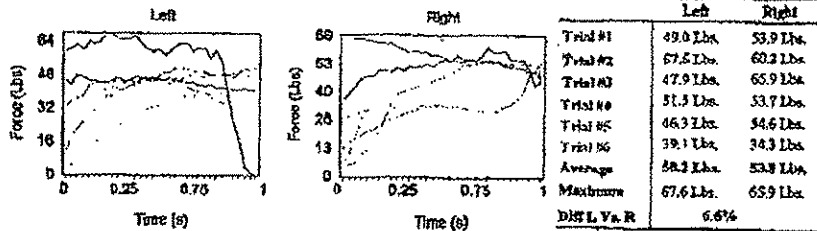
The graph obtained for Mr. Steven Alfano did not demonstrate a bell shaped curve which may be an indicator of submaximal effort and the coefficients of variation of the underlying data may be an indicator of varied effort with only 5 out of the 10 coefficients of variation within the 15% acceptable limits.

Rapid Exchange Grip (REG)

Jul 26, 2005 11:46:23 AM



The hand dynamometer is set to position 2. The client applies a maximum force for a one second trial duration quickly alternating between hands. The average maximum force for all six trials is compared to the maximum voluntary effort value in the same position for reliability purposes.⁷



The peak average force value recorded during the maximum voluntary effort protocol was 74.1 Lbs performed at position 2. The Rapid Exchange Grip (REG) protocol was therefore administered at this position. A negative rapid exchange grip (REG) occurs when the average of the values recorded during the rapid exchange grip protocol are less than the average of the values recorded during the maximum voluntary effort protocol in the same position and for the same hand. Conversely, a positive REG occurs when the average of the values recorded during the rapid exchange grip protocol exceed the average of the values recorded during the maximum voluntary effort protocol in the same position and for the same hand. A negative REG allows the evaluator to have more confidence that the evaluatee is performing maximally. A positive REG may be an indicator of submaximal effort.⁸ Mr. Steven Alfano produced an average value of 50.2 Lbs for the left hand and 53.8 Lbs for the right hand during the rapid exchange protocol. He produced an average value of 55.1 Lbs for the left hand and 74.1 Lbs for the right hand during the maximum voluntary effort protocol. Mr. Steven Alfano therefore demonstrated a negative REG which may be an indicator of maximal effort.

¹ Stokes H. 1983. The seriously injured hand - weakness of grip. J Occup Med 25(5):687-694.

² Nussbahr B, Marion R. 1990. Voluntary control of submaximal grip strength. Am J Phys Med Rehabil 69(2): 96-101.

³ Matheson L, Carlton R, Nussbahr L. 1988. Grip strength in a disabled sample: reliability and normative standards. Ind Rehabil Q 1(3):9, 17-23.

⁴ Hildreth D, Brudenbach W, Lister O, Hodges A. 1989. Detection of submaximal effort by use of the rapid exchange grip. J Hand Surgery 14A(4): 742-745.

⁵ Klineck B, Stein J. 1997. Volition in impairment rating: the validity of effort measurement. J Occup Med 6(7) 9-18.

SPORTS PHYSICAL THERAPY OF NY MANAGED BY HEALTHSOUTH
33 IRVING PLACE, NINTH FLOOR NEW YORK, NY 10003 (212) 667-3989

Mr. Steven Alfano



AUG-04-2005 THU 01:08 PM

FAX NO.

P. 19

08/04/2005 01:27 8452941423

SPORTS PT OF NY

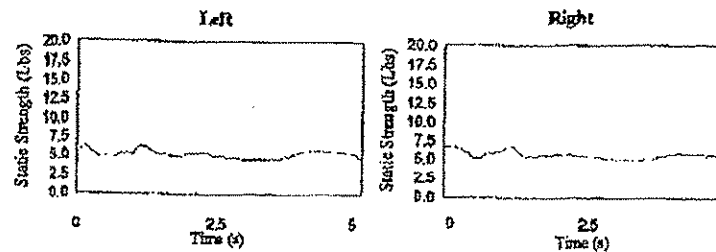
PAGE 17/25

► Pull Out Test

This test is designed to measure the pull force of the patient at a cart-height equivalent. The test measures the average force of the patient over a five-second time period.

Test Date: Jul. 26, 2005 12:07:05 PM

Combined Average Force: 10.3 Lbs.



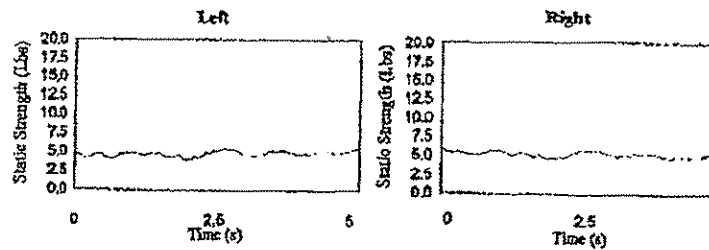
Trial 1: 5.0 Lbs	Average: 5.0 Lbs	Trial 1: 5.3 Lbs	Average: 5.3 Lbs
------------------	------------------	------------------	------------------

% Diff: 5.7%

Mr. Steven Alfano reached a combined average force of 10.3 Lbs. during the pull out test. The combined average is calculated by adding the average force of 5.0 Lbs. for the left side and 5.3 Lbs. for the right side. This yields 5.7% difference between the sides.

Test Date: Jul. 26, 2005 12:07:22 PM

Combined Average Force: 9.6 Lbs.



Trial 1: 4.6 Lbs	Average: 4.6 Lbs	Trial 1: 5.0 Lbs	Average: 5.0 Lbs
------------------	------------------	------------------	------------------

% Diff: 8.0%

Mr. Steven Alfano reached a combined average force of 9.6 Lbs. during the pull out test. The combined average is calculated by adding the average force of 4.6 Lbs. for the left side and 5.0 Lbs. for the right side. This yields 8.0% difference between the sides.

SPORTS PHYSICAL THERAPY OF NY MANAGED BY HEALTHSOUTH
23 IRVING PLACE, NINTH FLOOR, NEW YORK, NY 10003 (212) 667-3889

Mr. Steven Alfano



PAGE 17/25 * RCVD AT 8/4/2005 12:24:33 PM [Central Daylight Time] * SVR:MS01MS134 * DMS:3121 * CSID:8452941423 * DURATION (mm-ss):07-30

CLICNY 0741

AUG-04-2005 THU 01:09 PM

FAX NO.

P. 20

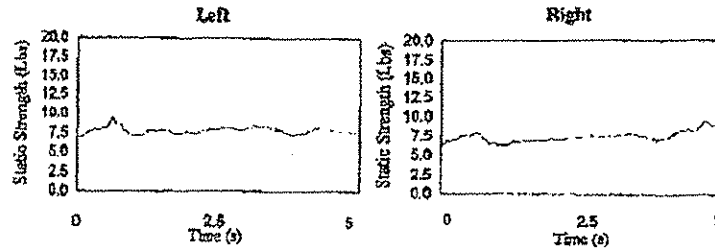
08/04/2005 01:27 0452941423

SPORTS PT OF NY

PAGE 10/25

Test Date: Jul. 26, 2005 12:07:35 PM

Combined Average Force: 14.8 Lbs.



Trial 1: 7.7 Lbs	Average: 7.7 Lbs	Trial 1: 7.1 Lbs	Average: 7.1 Lbs
% Diff: 8.5%			

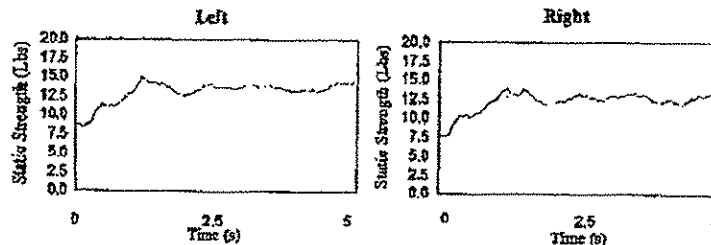
Mr. Steven Alfano reached a combined average force of 14.8 Lbs. during the pull out test. The combined average is calculated by adding the average force of 7.7 Lbs. for the left side and 7.1 Lbs. for the right side. This yields 8.5% difference between the sides.

► Push In Test

This test is designed to measure the push force of the patient at a cart-height equivalent. The test measures the average force of the patient over a five-second time period.

Test Date: Jul. 26, 2005 12:05:16 PM

Combined Average Force: 26.7 Lbs.



Trial 1: 13.8 Lbs	Average: 13.8 Lbs	Trial 1: 12.9 Lbs	Average: 12.9 Lbs
% Diff: 7.0%			

Mr. Steven Alfano reached a combined average force of 26.7 Lbs. during the push in test. The combined average is calculated by adding the average force of 13.8 Lbs. for the left side and 12.9 Lbs. for the right side. This yields 7.0% difference between the sides.

SPORTS PHYSICAL THERAPY OF NY MANAGED BY HEALTHSOUTH
33 IRVING PLACE, NINTH FLOOR NEW YORK, NY 10003 (212) 667-3989

Mr. Steven Alfano



PAGE 10/25 * RCVD AT 08/04/2005 12:24:53 PM [Central Daylight Time] * SVR: HSD1MS134 * CWS: 3121 * CSID: 0452941423 * DURATION (mm:ss): 07:30

CLICNY 0742

AUG-04-2005 THU 01:09 PM

FAX NO.

P. 21

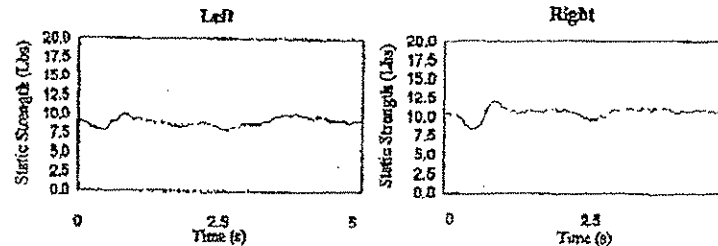
88/84/2885 81:27 8452941423

SPORTS PT OF NY

PAGE 19/25

Test Date: Jul, 26, 2005 12:05:47 PM

Combined Average Force: 20.6 Lbs.

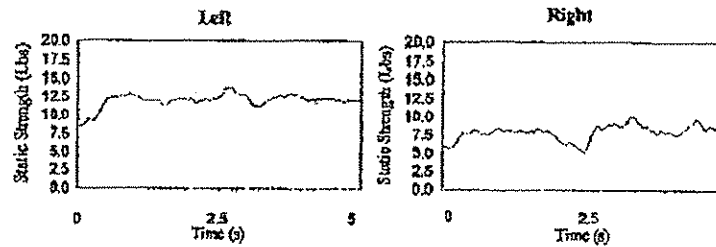


Trial 1: 9.5 Lbs	Average: 9.5 Lbs	Trial 1: 11.1 Lbs	Average: 11.1 Lbs
% Diff: 14.4%			

Mr. Steven Alfano reached a combined average force of 20.6 Lbs. during the push in test. The combined average is calculated by adding the average force of 9.5 Lbs. for the left side and 11.1 Lbs. for the right side. This yields 14.4% difference between the sides.

Test Date: Jul, 26, 2005 12:06:12 PM

Combined Average Force: 21.2 Lbs.



Trial 1: 12.8 Lbs	Average: 12.8 Lbs	Trial 1: 8.4 Lbs	Average: 8.4 Lbs
% Diff: 52.4%			

Mr. Steven Alfano reached a combined average force of 21.2 Lbs. during the push in test. The combined average is calculated by adding the average force of 12.8 Lbs. for the left side and 8.4 Lbs. for the right side. This yields 52.4% difference between the sides.

Evaluator Comments:

Test 2 right foot forward, test 3 left foot forward

SPORTS PHYSICAL THERAPY OF NY MANAGED BY HEALTHSOUTH
33 IRVING PLACE, NINTH FLOOR NEW YORK NY 10003 (212) 667-3989

Mr. Steven Alfano



PAGE 19/25 * RCVD AT 8/4/2005 12:24:53 PM [Central Daylight Time] * SVR:HSO(MS134 * DHS:3121 * CSD:8452941423 * DURATION (mm:ss):07:30

CLICNY 0743

AUG-04-2005 THU 01:09 PM

FAX NO.

P. 22

08/04/2005 01:27 8452941423

SPORTS PT OF NY

PAGE 28/25

Epac Lifting Capacity

1200s 1200s 1200s

Jul 26, 2005 12:17:44 PM



The client performs dynamic lifts to and from various starting and ending heights with gradually increasing weight while their physiological, biomechanical and psychophysical changes are documented.

The EPIC Lift Capacity Test (ELC) was used to determine Mr. Steven Alfano's dynamic lifting and lowering capacity. The ELC is a progressive anthropometric protocol designed to determine the maximal acceptable load someone is capable of manually handling on a safe and dependable basis. The ELC is administered over three shelf heights at two rates of frequency. The two rates of frequency correspond to the occasional and frequent lifting demands as defined by the Dictionary of Occupational Titles. For each subtest the load is systematically increased until one of the three termination criteria (physiological, biomechanical or psychophysiological) are met. During the evaluation physiological, biomechanical and psychophysiological observational data are utilized to determine if the participant provided a maximal acceptable effort.

Mr. Steven Alfano provided the following results:

Test	Range	Frequency	Job Demand	Load	%ile	RAW	%ile	Termination
1	Knuckle to Shoulder	1/cycle		20 Lbs	<10th	0.074	<5th	Psychophysical
2	Floor to Knuckle	1/cycle		0 Lbs	<10th	0.000	<5th	Psychophysical
3	Floor to Shoulder	1/cycle		0 Lbs	<10th	0.000	<5th	Biomechanical
4	Knuckle to Shoulder	4/cycle		0 Lbs	<10th	0.000	<5th	Biomechanical
5	Floor to Knuckle	4/cycle		0 Lbs	<10th	0.000	<5th	Biomechanical
6	Floor to Shoulder	4/cycle		0 Lbs	<10th	0.000	<5th	Biomechanical

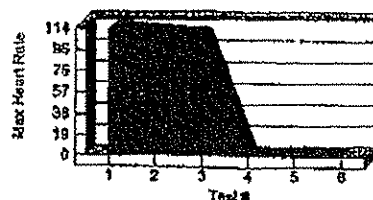
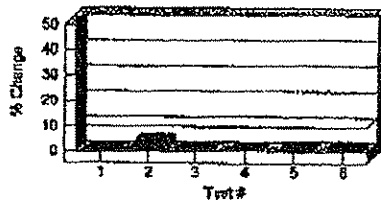
The results from tests numbers 3 & 6 are used to determine the participant's occasional and frequent physical demand level as defined by the Dictionary of Occupational Titles (DOT). Based on these results Mr. Steven Alfano has demonstrated at minimum a sedentary occasional strength demand and at minimum a sedentary frequent strength demand.

Physiological and Biomechanical Changes

Under normal test conditions it is expected that the participant provided the following physiological responses:

- 1) 10% increase in heart rate for each subtest
- 2) The peak heart rate for each of the 6 subtests are in ascending order.

Mr. Steven Alfano provided the following physiological responses:

**Global Effort Rating**

Based on the documented physiological and biomechanical changes it is our opinion that Mr. Steven Alfano did provide a maximal acceptable effort during the ELC evaluation.

1. Mathiassen L.M., Moroney V., Gural J., Allread M., Hall V., Mathiassen T., Lickor R., Mathiassen G. A test to measure ED capacity of physically fit individuals. Part I - Development and reliability testing. JEPH 1996; 5(3):111-120; Mathiassen L.M., Moroney V., Johnson D., Lickor R., Gural J., Hall V., Mathiassen T. A test to measure ED capacity of physically fit individuals. Part II - Reliability in a field setting. JEPH 1996; 5(4):210-214; Mathiassen L.M., Moroney V., Gural J., Lickor R., Mathiassen T. A test to measure ED capacity of physically fit individuals. Part III - Reliability in a field setting. JEPH 1996; 5(5):225-228; Mathiassen L.M., Mathiassen T., Gural J., Lickor R., Mathiassen T. A test to measure ED capacity of physically fit individuals. Part IV - Reliability in a field setting. JEPH 1996; 5(6):229-232.
2. "Maximal acceptable weight" is determined by the method based on standard criteria provided in the ELC test protocol, a copy of which is available at the site for review.
3. Mathiassen, 1996, above.
4. Relative acceptable weight based on M.A.W. divided by the subject's body weight. The proportion of body weight the subject is able to lift. This can be used to compare the results to healthy people of (subject's) age and gender using subject's normative data.
5. Percentile normative ranking, comparing the outcome to values of (subject's) age and gender by means of percentile of body weight. The number of the percentile indicates the percent of people in the previous years group above which the subject is performing. For example, a 25th percentile ranking indicates performance above 25 percent of the people in that same group. Can be used to determine the subject to achieve a desired level of performance.
6. The degree to which the outcome differs from the expected normal value for both age and gender.

SPORTS PHYSICAL THERAPY OF NY MANAGED BY HEALTHSOUTH
33 IRVING PLACE, NINTH FLOOR NEW YORK NY 10003 (212) 667-3969

Mr. Steven Alfano

P. 9

AUG-04-2005 THU 01:10 PM

FAX NO.

P. 23

08/04/2005 01:27

8452941423

SPORTS PT OF NY

PAGE 21/25

Occasional - F.R.O.M. Axial Rotation Reach

The client while performing the modified posture carries five rows of paper from one panel to another and back using a hand to hand transfer. A total of five cycles are completed.

The Sustained Standing Reach with Axial Rotation Evaluation protocol was used to determine Mr. Steven Alfano's ability to perform axial rotation activities in a standing position and performing functional reaching on a sustained basis. Mr. Steven Alfano was tested using the Functional Range of Motion (FROM) System and the performance was calculated using the internationally-recognized MTM (methods-time measurement) standard. Methods-Time Measurement (MTM) is the Industrial engineering-based method for the determination of time-motion performance in conjunction with work-related activities. The MTM standard score allows for the means to determine an exact percentage score of performance against the most widely recognized criteria for the assessment of time-motion activities. MTM scoring is based on a criterion referenced time-motion standard to complete a task as opposed to an estimate of ability.

Test Date	Time (min)	MTM Percentage	MTM Rating
Jul 26, 2005 12:24:14 PM	10:40	54%	Below Competitive

The test scoring is based upon the total time necessary to complete five cycles of the task. The time required to complete the test is converted automatically into the equivalent MTM (methods-time measurement) standard score. Mr. Steven Alfano had a MTM score of 54% which correlates to a rating of below competitive.

SPORTS PHYSICAL THERAPY OF NY MANAGED BY HEALTHSOUTH
33 IRVING PLACE, NINTH FLOOR NEW YORK NY 10003 (212) 667-3989

Mr. Steven Alfano



PAGE 21/25 * RCVD AT 08/04/2005 12:24:53 PM [Central Daylight Time] * SVR:HS01NS134 * DNS:3121 * CSID:8452941423 * DURATION (mm:ss):07:30

CLICNY 0745

AUG-04-2005 THU 01:10 PM

FAX NO.

P. 24

88/84/2885 81:27 8452941423

SPORTS PT OF NY

PAGE 22/25

Dallas Pain Questionnaire

Please read:

This questionnaire has been designed to give the doctor information as to how your pain has affected your life. Be sure that these are your answers. Do not ask someone else to fill out the questionnaire for you. Please check on the line in the position that expresses your thoughts from 0 to 100% in each section.

Scoring: Factor I: 93% Daily Activities
Factor II: 95% Work/Leisure Activities
Factor III: 95% Anxiety/Depression
Factor IV: 85% Social Interest

Primary Approach: Combined medical & behavioral intervention

Jul 26, 2005

SECTION I: PAIN AND INTENSITY

To what degree do you rely on pain medications or pain relieving substances for you to be comfortable?

NONE SOME ALL THE TIME
0% 100% **3**

SECTION II: PERSONAL CARE

How much does pain interfere with your personal care (getting out of bed, tooth brushing, dressing, etc)?

NONE (NO PAIN) SOME I CANNOT GET OUT OF BED
0% 100% **4**

SECTION III: LIFTING

How much limitation do you notice in lifting?

NONE (I CAN LIFT AS I DID) SOME I CANNOT LIFT ANYTHING
0% 100% **5**

SECTION IV: WALKING

Compared to how far you could walk before your injury or back trouble, how much does pain restrict your walking now?

I CAN WALK THE SAME ALMOST THE SAME VERY LITTLE I CANNOT WALK
0% 100% **4**

SECTION V: SITTING

Back pain limits my sitting in a chair to:

NONE PAIN SAME AS BEFORE SOME I CANNOT SIT AT ALL
0% 100% **5**

SECTION VI: STANDING

How much does your pain interfere with your tolerance to stand for long periods?

NONE SAME AS BEFORE SOME I CANNOT STAND
0% 100% **4**

SPORTS PHYSICAL THERAPY OF NY MANAGED BY HEALTHSOUTH
33 IRVING PLACE, NINTH FLOOR NEW YORK NY 10003 (212) 667-3989

Mr. Steven Alfano

13
P. 11

PAGE 22/25 * RCVD AT 8/4/2005 12:24:53 PM [Central Daylight Time] * SVR:HS01MS134 * DNIS:3121 * CSID:8452941423 * DURATION (mm:ss):07:00

CLICNY 0746

AUG-04-2005 THU 01:10 PM

FAX NO.

P. 25

BB/84/2005 01:27

8452941423

SPORTS PT OF NY

PAGE 23/25

SECTION VII: SLEEPING

How much does pain interfere with your sleeping?

NONE
SAME AS BEFORE

SOME

I CANNOT
SLEEP AT ALL

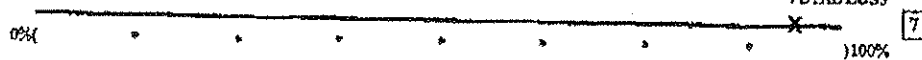
4

SECTION VIII: SOCIAL LIFE

How much does pain interfere with your social life (dancing, games, going out, eating with friends, etc)?

NONE
SAME AS BEFORE

SOME

NO ACTIVITIES
TOTAL LOSS

7

SECTION IX: TRAVELING

How much does pain interfere with traveling in a car?

NONE
SAME AS BEFORE

SOME

I CANNOT
TRAVEL

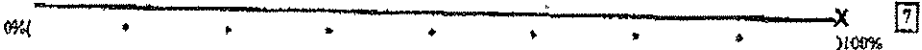
5

SECTION X: VOCATIONAL

How much does pain interfere with your job?

NONE
NO INTERFERENCES

SOME

I CANNOT
WORK

7

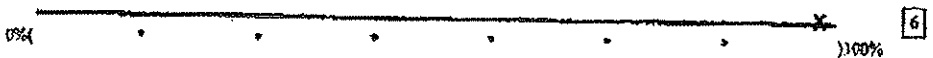
SECTION XI: ANXIETY/MOOD

How much control do you feel that you have over demands made on you?

(NO CHANGE)
TOTAL

SOME

NONE



6

SECTION XII: EMOTIONAL CONTROL

How much control do you feel you have over your emotions?

(NO CHANGE)
TOTAL

SOME

NONE



7

SECTION XIII: DEPRESSION

How depressed have you been since the onset of pain?

NOT DEPRESSED
SIGNIFICANTLYOVERWHELMED
BY DEPRESSION

6

SPORTS PHYSICAL THERAPY OF NY MANAGED BY HEALTHSOUTH
33 IRVING PLACE, NINTH FLOOR NEW YORK NY 10003 (212) 667-3989

Dr. Steven Altom



AUG-04-2005 THU 01:10 PM

FAX NO.

P. 26

08/04/2005 01:27 8452941423

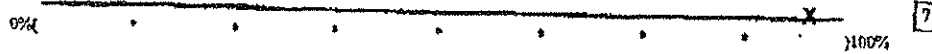
SPORTS PT OF NY

PAGE 24/25

SECTION XIV: INTERPERSONAL RELATIONSHIPS

How much do you think your pain has changed your relationships with others?

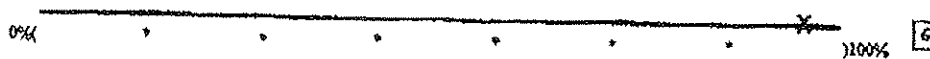
NOT CHANGED

DRASTICALLY
CHANGED**SECTION XV: SOCIAL SUPPORT**

How much support do you need from others to help you during this onset of pain (making over chores, fixing meals, etc.)?

NONE NEEDED

ALL THE TIME

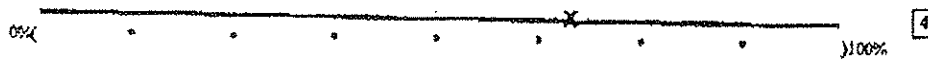
**SECTION XVI: FLINCHING RESPONSE**

How much do you think others express irritation, frustration or anger toward you because of your pain?

NONE

SOME

ALL THE TIME



Cardiovascular Intake Jul 26, 2005

Resting Rate (b/min)	Systolic (mm Hg)	Diastolic (mm Hg)
81	138	80

Result	Normal Heart Rate	Normal Blood Pressure	Normal Blood Pressure

SPORTS PHYSICAL THERAPY OF NY MANAGED BY HEALTHSOUTH
33 IRVING PLACE, NINTH FLOOR NEW YORK NY 10003 (212) 667-3969

Mr. Steven Alfano



PAGE 24/25 * RCVD AT 8/4/2005 12:24:53 PM (Central Daylight Time) * SVR: HSO1MSK34 * OUS: 3121 * CSID: 8452941423 * DURATION (mm:ss): 07:30

CLICNY 0748

AUG-04-2005 THU 01:10 PM

FAX NO.

P. 27

88/04/2005 01:27

8452941423

SPORTS PT OF NY

PAGE 25/25

**Modified Canadian
Aerobic Fitness Test
(mCAFT)**

The client uses a double step and if necessary a single step while their heart rate is being monitored. When their heart rate reaches the 85% age predictive maximum heart rate level the test is stopped.

➤ The Canadian Aerobic Fitness Test (CAFT) consists of a series of step tests used to determine aerobic fitness. It consists of a succession of different stepping sequences varying in tempo and step height. The test is performed using a double 20.3 cm step and a single 40.6 cm step and a computerized metronome that sets the appropriate tempo. Participants begin with a warm-up exercise at a cadence intensity of 65 to 70% of the average aerobic power of a person 10 years older. The participant performs the test until one of the following end points: 1) The patient can no longer continue, 2) The patient's heart rate reaches the predetermined 85% age predictive maximum heart rate level, or 3) The instructor terminates testing for biomechanical reasons. During the evaluation physiological, biomechanical and psychophysiological observational data are utilized to determine if the participant provided a maximum acceptable effort.

Mr. Steven Alfano provided the following results :

Jul 26, 2005 11:22:06 AM

Level	Cadence (steps/min)	Step Height (cm)	Age Predicted 85% Max Heart Rate (bpm)	Initial Heart Rate (bpm)	Peak Heart Rate (bpm)
3	102	20.3	114>147	108	114

The test was stopped during the 3 stage due to biomechanical factors.

Physiological Changes

Under normal test conditions it is expected that the patient's peak heart rate for each stage successfully completed should be in ascending order.

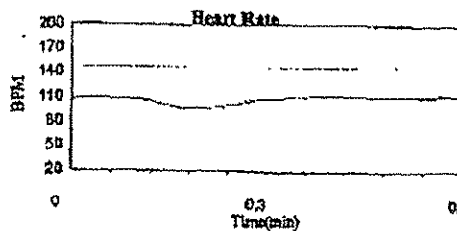
In Mr. Steven Alfano's case it was noted that he did achieve the anticipated physiological result.

Physical Work Intensity by Oxygen Consumption

Max VO2	-0.20 ml/kg/min	Sustained Max VO2	-0.08 ml/kg/min	MET Level	0 METS
Work Intensity for 70-kg Person		Oxygen Consumption		Excess Energy Expenditure	
Light work		7 mL/kg; 0.5 L/min		<= 2 METS	
Moderate work		8-15 mL/kg; 0.6-1.0 L/min		2-4 METS	
Heavy work		16-20 mL/kg; 1.1-1.5 L/min		5-6 METS	
Very heavy work		21-30 mL/kg; 1.6-2.0 L/min		7-8 METS	
Arduous work		>30 mL/kg; > 2.0 L/min		> 8 METS	

Evaluator Comments

He was unable to continue the test due to biomechanical factors. He was unable to complete test and right leg buckled twice and client lost his balance and was assisted by evaluator and wife to a plinth.



Initial Heart Rate: 108 BPM

Peak Heart Rate: 114 BPM

Final Heart Rate: 114 BPM

Heart Rate Cnt off: 147 BPM

Systolic Diastolic

Initial Blood Pressure: 138 80

0.7 Cycle Time

Prior, After, & During Rest Periods

SPORTS PHYSICAL THERAPY OF NY MANAGED BY HEALTHSOUTH
37 IRVING PLACE, NINTH FLOOR NEW YORK NY 10003 (212) 667-3988

Mr. Steven Alfano



PAGE 25/25 * RCVD AT 8/4/2005 12:24:53 PM [Central Daylight Time] * SUR HS01MS134 * DNR:3121 * CSID:8452941423 * DURATION (mm:ss):07:30

CIGNA REFERRAL FORM**Underwriter:** ☐ Connecticut General Life ☒ CIGNA Life Insurance Company of New York**Service Requested:** ☒ 1-Day FCE ☐ 2-Day FCE**FCE Preference:** ☐ Own Occupation ☒ Any Occupation**Has the claimant been notified of the referral for a FCE?** ☒ Yes ☐ No*Health South***CLAIMANT INFORMATION**

Date Referred: June 9, 2005		Claim # 01-LTS	
Last Name: Alfano		First Name: Steven	
Claimant's Home Address: 3800 Waldo Drive, 13-G Bronx, NY 10463			
Home Phone: 718-884-2067	D.O.B.: 01/14/1958	<input type="checkbox"/> Female <input checked="" type="checkbox"/> Male	
Most Recent Employer: Weill Medical College		Job Title: Wage and Salary Manager	

REFERRAL SOURCE INFORMATION

Referral Source: Ginny Schmidt	Phone: 800-352-0611, ext. 7158 Fax: 860-731-3244	Office Location: Dallas, TX
Billing Contact/Case Manager: Mark Sadders	Phone: 800-352-0611, ext. 5693 Fax: 860-731-2907	Office Location: Dallas, TX

INJURY INFORMATION

Attending Physician: Keith Roach, MD (IM)	Phone: 212-746-2879 Fax: 212-746-8127	Address: 505 E. 70 th Stret/HT 450 NYC 10021
Date of Disability: June 6, 2000	Diagnosis: Lumbar Spinal Stenosis, Cervical DDD	

SPECIAL INSTRUCTIONS/REFERRAL QUESTIONS:

9/11/00

CLICNY 0750

FCE Referral Questions

Claimant Name: Steven Alfano

Case Manager: Mark Sodders

Date: June 9, 2005

CIGNA Group Insurance

FCO location: _____

The Functional Capacity Evaluation has been requested to determine the following information or because of the following: (Please check all that are applicable.)

- ☒ 1. Please quantify physical and functional abilities to determine individual's capability to perform any occupation for an 8-hour day. Provide objective rationale if unable to perform a full 8-hour day.
- ☐ 2. Can this individual safely return to his/her occupation? (Determine work ability based on: DOT and/or job description enclosed.)
- ☐ 3. Does the functional level of the client match those of his/her own occupation, or are reasonable accommodations needed to return to work?
- ☐ 4. If the client is unable to safely perform his/her own occupation, what are the limiting factors from performing the job in a safe manner?
- ☐ 5. Can the individual return to work in a modified or light duty status?
- ☒ 6. Determine safe, permissible lifting abilities and general physical demand category.
- ☒ 7. Perform consistency of effort testing and correlate clinical versus functional presentation.
- ☒ 8. Did individual demonstrate maximal effort throughout testing, or were self limiting behaviors observed?
- ☒ 9. Provide a report of any discrepancy between the subjective complaints, objective findings, and observed behavior.
- ☐ 10. Complicated case presentation involving multiple systems, i.e. fibromyalgia, RSD, chronic fatigue syndrome, myofascial syndrome, cancer, diabetes, etc.
- ☐ 11. Provide treatment recommendations with objective rationale explaining purpose, goal and prognosis for improved functioning.
- ☒ 12. **Do not provide treatment recommendations with report.**
- ☒ 13. Provide written observations of the individual's physical appearance, timeliness, mode of transportation, and if anyone accompanied the individual to the evaluation.
- ☒ 14. Provide physical abilities or capabilities form with final report.
- ☐ 15. Other Specific Instructions: _____


HEALTHSOUTH.
One HEALTHSOUTH Parkway
Birmingham, AL 35243

07/05/05

Mr. Steven Alfano
3800 Waldo Drive
Bronx, NY 10463

Dear Steven:

Cigna has referred you to HealthSouth Sports Medicine and Rehabilitation for a 1 -Day Functional Capacity Evaluation. Your appointment has been scheduled for July 26, 2005 at 10:00 a.m.. Please make sure you bring a picture id with you to your appointment. This is a very comprehensive series of tests, which takes approximately 4 hours. It is very important that you be on time.

You will need to wear comfortable, loose fitting clothes and sneakers for your evaluation. If you wear eyeglasses or use back or knee supports, please bring them with you as well. If you have been prescribed any medications, please take them as usual.

Please contact our office at (212) 677-3989 upon receipt of this letter to obtain directions to our facility. **PLEASE REVIEW THE HEART QUESTIONNAIRE THAT IS ENCLOSED WITH THE LETTER.** Please be aware that HealthSouth requires a minimum of 72 hours notice in the event of a cancellation. Your insurance company will be notified if you cancel or do not show for this appointment.

Sincerely,
Shewana R. Harris

HealthSouth
33 Irving Place, 9th Floor
New York, NY 10003
212-677-3989

cc: Cigna

Mark Soddors
Claim Manager
CIGNA Disability Management Solutions



CIGNA Group Insurance
Life · Accident · Disability

June 13, 2005

Routing 212E
12225 Greenville Avenue
Suite 1000 LB 179
Dallas, TX 75243-9382
Telephone 800.352.0611 x5693
Facsimile 860.731.2907
Mark.Soddors@Cigna.com

Steven Alfano
3800 Waldo Avenue,
#13-G
Bronx, NY 10463

Re: Claimant: Steven Alfano
Policyholder: Cornell University Medical College
Policy Number: NYK 1972
CIGNA Life Insurance Company of New York

Dear Mr. Alfano:

This letter is in reference to the captioned Long Term Disability (LTD) claim.

Thank you for your inquiry received in our office on June 10, 2005. Enclosed is a copy of your Long Term Disability Policy for which you are covered for Long Term Disability benefits.

Should you have any questions, please contact the undersigned at 800.352.0611 x5693.

Sincerely,

Mark Soddors

CIGNA Group Insurance products and services are provided exclusively by underwriting subsidiaries of CIGNA Corporation, including Life Insurance Company of North America, CIGNA Life Insurance Company of New York, and Connecticut General Life Insurance Company. "CIGNA" is used to refer to these subsidiaries and is a registered service mark.

CLICNY 0753

Sodders, Mark D 212

From: Steven Alfano [steven.alfano@verizon.net]
Sent: Friday, June 10, 2005 3:18 PM
To: Sodders, Mark D 212
Subject: function test

Hi Mark,

Can you send me a full copy of Cornell's LTD policy with Cigna, I have only a Summary Plan description.

Also, please include any information you have decribing the function test itself.

Thanks,
Steve Alfano


One HEALTHSOUTH Parkway
Birmingham, AL 35243

07/05/05

Mr. Steven Alfano
3800 Waldo Drive
Bronx, NY 10463

Dear Steven:

Cigna has referred you to HealthSouth Sports Medicine and Rehabilitation for a 1 -Day Functional Capacity Evaluation. Your appointment has been scheduled for July 26, 2005 at 10:00 a.m. Please make sure you bring a picture id with you to your appointment. This is a very comprehensive series of tests, which takes approximately 4 hours. It is very important that you be on time.

You will need to wear comfortable, loose fitting clothes and sneakers for your evaluation. If you wear eyeglasses or use back or knee supports, please bring them with you as well. If you have been prescribed any medications, please take them as usual.

Please contact our office at (212) 677-3989 upon receipt of this letter to obtain directions to our facility. **PLEASE REVIEW THE HEART QUESTIONNAIRE THAT IS ENCLOSED WITH THE LETTER.** Please be aware that HealthSouth requires a minimum of 72 hours notice in the event of a cancellation. Your insurance company will be notified if you cancel or do not show for this appointment.

Sincerely,
Shewana R. Harris

HealthSouth
33 Irving Place, 9th Floor
New York, NY 10003
212-677-3989

cc: Cigna



06/29/05

Mr. Steven Alfano
3800 Waldo Drive, 13-G
Bronx, NY 10463

Dear Steven:

Cigna has referred you to HealthSouth Sports Medicine and Rehabilitation for a 1 -Day Functional Capacity Evaluation. Your appointment has been scheduled for July 7, 2005 at 10:00 a.m. Please make sure you bring a picture id with you to your appointment. This is a very comprehensive series of tests, which takes approximately 4 hours. It is very important that you be on time.

You will need to wear comfortable, loose fitting clothes and sneakers for your evaluation. If you wear eyeglasses or use back or knee supports, please bring them with you as well. If you have been prescribed any medications, please take them as usual.

Please contact our office at (212) 677-3989 upon receipt of this letter to obtain directions to our facility. **PLEASE REVIEW THE HEART QUESTIONNAIRE THAT IS ENCLOSED WITH THE LETTER.** Please be aware that HealthSouth requires a minimum of 72 hours notice in the event of a cancellation. Your insurance company will be notified if you cancel or do not show for this appointment.

Sincerely,

Sports Physical Therapy of New York, P.C.
33 Irving Place, 9th Floor
New York, NY 10003
Phone (212) 677-3989

cc: Cigna

Message Confirmation Report

JUN-21-2005 10:38 AM TUE

Fax Number : 9729521262
 Name : CIGNA DALLAS

Name/Number : 918006348532---88595
 Page : 9
 Start Time : JUN-21-2005 10:37AM TUE
 Elapsed Time : 01'09"
 Mode : STD ECM
 Results : [O.K]

Facsimile Transmission Cover Sheet



CIGNA Group Insurance
 Life - Accident - Disability

Transmit to FAX number 1-800-634-8532	Date July 21, 2005	Time 10:38 AM	Total number of pages (including this sheet) 9
To		From	
Name Melissa Harrison		Name Tiffany Brown	
Company Healthsouth		Department Expert Resource	
Phone 1-800-634-8536		Phone 1-800-352-0611 *1082	
Address		Address 12225 Greenville Ave Dallas, TX 75243	

Claimant: Althaus, Steven

1 Day FCE request please. Attached are the documents. Please contact me with any questions.
 Please Rush

Please
 Thank you,

Tiffany Brown

CONFIDENTIALITY NOTICE: If you have received this facsimile in error, please immediately notify the sender by telephone at the number above. The documents accompanying this facsimile transmission contain confidential information. This information is intended only for the use of the individual(s) or entity named above. Thank you for your cooperation.

*CIGNA and CIGNA Group Insurance are registered service marks and refer to various operating subsidiaries of CIGNA Corporation. Products and services are provided by these subsidiaries and are not by CIGNA Corporation. These subsidiaries include Life Insurance Company of North America, CIGNA Life Insurance Company of New York, and Connecticut General Life Insurance Company.

☐ Acknowledgment Requested

To Fax a reply, dial:

Facsimile Transmission Cover Sheet
CIGNA Group Insurance
 Life · Accident · Disability

Transmit to FAX number 1-800-634-8532	Date July 21, 2005	Time 10:38 AM	Total number of pages (including this sheet) 9
To		From	
Name Melissa Harrison		Name Tiffany Brown	
Company Healthsouth		Department Expert Resource	
Phone 1-800-634-8536		Phone 1-800-352-0611 *1082	
Address		Address 12225 Greenville Ave Dallas, TX 75243	

Claimant: Alfano, Steven

1 Day FCE request please. Attached are the documents. Please contact me with any questions.

Please **Rush**

Please

Thank you,

Tiffany Brown

CONFIDENTIALITY NOTICE: If you have received this facsimile in error, please immediately notify the sender by telephone at the number above. The documents accompanying this facsimile transmission contain confidential information. This information is intended only for the use of the individual(s) or entity named above. Thank you for your compliance.

"CIGNA" and "CIGNA Group Insurance" are registered service marks and refer to various operating subsidiaries of CIGNA Corporation. Products and services are provided by these subsidiaries and not by CIGNA Corporation. These subsidiaries include Life Insurance Company of North America, CIGNA Life Insurance Company of New York, and Connecticut General Life Insurance Company.

☐ Acknowledgment Requested

 To Fax a reply, dial:

CIGNA REFERRAL FORM**Underwriter:** ☐ Connecticut General Life ☒ CIGNA Life Insurance Company of New York**Service Requested:** ☒ 1-Day FCE ☐ 2-Day FCE**FCE Preference:** ☐ Own Occupation ☒ Any Occupation**Has the claimant been notified of the referral for a FCE?** ☒ Yes ☐ No*Health South*

CLAIMANT INFORMATION		
Date Referred: June 9, 2005	Claim # 01-LTS	
Last Name: Alfano	First Name: Steven	
Claimant's Home Address: 3800 Waldo Drive, 13-G Bronx, NY 10463		
Home Phone: 718-884-2067	D.O.B.: 01/14/1958	<input type="checkbox"/> Female <input checked="" type="checkbox"/> Male
Most Recent Employer: Weill Medical College		Job Title: Wage and Salary Manager

REFERRAL SOURCE INFORMATION		
Referral Source: Ginny Schmidt	Phone: 800-352-0611, ext. 7158 Fax: 860-731-3244	Office Location: Dallas, TX
Billing Contact/Case Manager: Mark Sodders	Phone: 800-352-0611, ext. 5693 Fax: 860-731-2907	Office Location: Dallas, TX

INJURY INFORMATION		
Attending Physician: Keith Roach, MD (IM)	Phone: 212-746-2879 Fax: 212-746-8127	Address: 505 E. 70 th Stret/HT 450 NYC 10021
Date of Disability: June 6, 2000	Diagnosis: Lumbar Spinal Stenosis, Cervical DDD	

SPECIAL INSTRUCTIONS/REFERRAL QUESTIONS:

FCE Referral Questions

Claimant Name: Steven Alfano

Case Manager: Mark Sodders

Date: June 9, 2005

CIGNA Group Insurance

FCO location: _____

The Functional Capacity Evaluation has been requested to determine the following information or because of the following: (Please check all that are applicable.)

- ☒ 1. Please quantify physical and functional abilities to determine individual's capability to perform any occupation for an 8-hour day. Provide objective rationale if unable to perform a full 8-hour day.
- ☐ 2. Can this individual safely return to his/her occupation? (Determine work ability based on: DOT and/or job description enclosed.)
- ☐ 3. Does the functional level of the client match those of his/her own occupation, or are reasonable accommodations needed to return to work?
- ☐ 4. If the client is unable to safely perform his/her own occupation, what are the limiting factors from performing the job in a safe manner?
- ☐ 5. Can the individual return to work in a modified or light duty status?
- ☒ 6. Determine safe, permissible lifting abilities and general physical demand category.
- ☒ 7. Perform consistency of effort testing and correlate clinical versus functional presentation.
- ☒ 8. Did individual demonstrate maximal effort throughout testing, or were self limiting behaviors observed?
- ☒ 9. Provide a report of any discrepancy between the subjective complaints, objective findings, and observed behavior.
- ☐ 10. Complicated case presentation involving multiple systems, i.e. fibromyalgia, RSD, chronic fatigue syndrome, myofascial syndrome, cancer, diabetes, etc.
- ☐ 11. Provide treatment recommendations with objective rationale explaining purpose, goal and prognosis for improved functioning.
- ☒ 12. **Do not provide treatment recommendations with report.**
- ☒ 13. Provide written observations of the individual's physical appearance, timeliness, mode of transportation, and if anyone accompanied the individual to the evaluation.
- ☒ 14. Provide physical abilities or capabilities form with final report.
- ☐ 15. Other Specific Instructions: _____

PHYSICAL ABILITY ASSESSMENT

We are evaluating your patient's disability claim in order to determine functional impairment. Please check the boxes corresponding to the patient's level of physical functioning. Please substantiate your findings with medical documentation. (Failure to provide the requested reports/data may result in delay in claim determinations).

Patient Name _____ Date of Birth _____
 Diagnosis(es)/ICD-9 Code _____

Throughout an 8-hour workday, the patient can tolerate, with positional changes and meal breaks, the following activities for the specified durations:

	Not applicable to diagnosis(es)	Continuously (67-100%) (5.5 + hrs)	Frequently (34-66%) (2.5 - 5.5 hrs)	Occasionally (1-33%) (<2.5 hrs)	Check if supported by objective findings
Sitting:					
Standing:					
Walking:					
Reaching: Overhead					
Desk Level					
Below Waist					
Fine Manipulation: Right:					
Left:					
Simple Grasp: Right:					
Left:					
Firm Grasp: Right:					
Left:					
Lifting: 10 lbs.					
11-20 lbs.					
21-50 lbs.					
51-100 lbs.					
100+ lbs.					
Carrying: 10 lbs.					
11-20 lbs.					
21-50 lbs.					
51-100 lbs.					
100+ lbs.					

THE NEW YORK HOSPITAL CORNELL MEDICAL CENTER



45104

Steven Alfano
NYH # 228-41-47
01/22/04 15:42

CORNELL INTERNAL MEDICINE ASSOCIATES

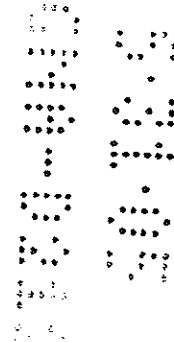
Mt Sinai School of Medicine

IMPRESSION:

Mr. Alfano remains asymptomatic . X-rays show no change in the lesion in his proximal femur.
We will follow him on an annual basis.

Dempsey S. Springfield, MD

ms



	Not applicable to diagnosis(es)	Continuously (67-100%) (5.5 + hrs)	Frequently (34-66%) (2.5 - 5.5 hrs)	Occasionally (1-33%) (<2.5 hrs)	Check if supported by objective findings
Pushing: (Max. Wt.: _____)					
Pulling: (Max. Wt.: _____)					
Climbing: Regular Stairs					
Regular Ladders					
Balancing:					
Stooping:					
Kneeling:					
Crouching:					
Crawling:					
Seeing:					
Hearing:					
Smell/Taste:					
Environmental Conditions:					
Exposure to extremes in heat					
Exposure to extremes in cold					
Exposure to wet / humid conditions					
Exposure to vibration					
Exposure to odors / fumes / particles					
Can work around machinery					
Ability to work extended shifts/ overtime:					
Use lower extremities for foot controls:					

Please use this space to elaborate on ANY of the above categories:

Name: _____ Signature: _____
 Medical Specialty: _____ Date: _____
 Address: _____ Phone: _____
 Federal ID tax number: _____

Please include any objective test or narrative if available.

Thank you for your time.

Please return this form in the enclosed addressed envelope.

THE NEW YORK HOSPITAL CORNELL MEDICAL CENTER



45104

Steven Alfano
NYH # 228-41-47
09/10/04 22:44

CORNELL INTERNAL MEDICINE ASSOCIATES

Progress Note: Steven Alfano / September 10, 2004

Subjective: 46 year old man with
lumbar spinal stenosis - ran out of Oxycontin - did very poorly, now better

HTN - attributes high BP today to running out of meds

neck pain - currently complaining of neck pain/stiffness
R > L

Objective:

BP 140/100 P Wt 275 lbs Height 6ft 3in
126/96 repeat
upper shoulder/neck: B muscle tenderness R > L

Current Medications:

LISINAPRIL 20MG TABLET / 1 tab po qd
TRIAMCINOLONE 0.1% CREAM / apply bid
PREVACID 30MG CAPSULES / 1 po qd
IMITREX NASAL SPRAY 20MG/SPRAY / 1 spray intranasally prn
IMITREX 50MG TABLET / 1-2 tabs with onset of migraine
ASPIRIN 81MG TABLET EC / 1 po qd
OXYCONTIN 40MG TABLETS / 1 tab po tid
ZESTRIL 20MG TABLET / 1 po qd

Allergies:

Impression:

Plan:
neck pain: discussed problem of deciding whether to treat if identified
CERVICAL SPINE, 4 VIEWS

HTN - may need additional therapy
Discontinued: ZESTRIL 20MG TABLET / 1 po qd

RTC

Keith Roach, M.D.
Electronic Signature on File

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER



45104

CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano

NYH # 228-41-47

05/23/02 12:29

HSS

MRI LOWER EXTREMITY

Dr. Michael Alexiades

IMPRESSION:

Magnetic resonance imaging of the right hip demonstrating superficial cartilage loss over the hip joint, borderline acetabular dysplasia and a torn, hyperplastic and degenerated anterior acetabular labrum.

There is a marrow replacement process affecting the left femur which overall has a non-aggressive appearance. Differential possibilities are noted, as above.

Dictated by Hollis Potter M.D.

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER



45104

CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
05/01/03 11:23

Mt Sinai School Of Medicine

January 224th 2003

Dr. Dempsey S. Springfield, MD
Orthopaedic Surgeon
212 211 0211
fax # 212-534-6145

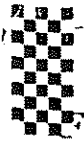
DX: LSMFT

Impression:

Left hip remains the same with an occasional discomfort. He has no limp and he functions well. He has more difficulty with his right hip and has decided to have the labral tear repaired.

AP and lateral x-rays today show no change in the lesion in the proximal intertrochanteric and subtrochanteric areas with radiolucencies and readiodensities. I compared it to the one taken in July.

ms



-28-2005 11:38 P.m.

Facsimile Transmission Cover Sheet

10:00 AM 5/1/05

Medical Records

CIGNA Group Insurance
Life - Accident - DisabilityTransmit to FAX number
212-746-8127Date
April 28, 2005Time
1:00 p.m.Total number of pages
(including this sheet): 4Name
Dr. Roach

Company

Phone
212-746-2879

Address

Name
Mark SoddersDepartment
CIGNA Disability Management ServicesPhone
1.800.752.0611 Extension 5693Address
12225 Greenville Avenue
Suite 1000, LB 179
Dallas Texas 75243

Comments

RE: Steven Alfano
 DOB: 01/14/1958
 Policyholder: Weill Medical College NYK 1972
 Underwriting Company: CIGNA Life Insurance Company of New York

In order to evaluate your patient's eligibility for Long Term Disability benefits (e.g. lost wages/income) we are in need of the following information:

- ♦ Copies of your progress notes, including diagnostic test and lab results, from 8/1/04 to the present.
- ♦ A completed Physical Activities Assessment form (attached).

We ask that you kindly respond by 5/11/05 to avoid any delay in your patient's claim for lost wages.

Naturally, we will consider a reasonable charge for this medical information. Please include your **tax identification number**. If this request requires a pre-payment, please call me at the phone number above or fax (860.731.2907) a fee request to my attention.

Sincerely,

Mark Sodders

1A+ ID# 23978
 0701-0431

CONFIDENTIALITY NOTICE: If you have received this facsimile in error, please notify the sender by telephone at the number above. The document accompanying this facsimile transmission contains confidential information. This information is intended only for the use of the individual(s) or entity named above. Thank you for your compliance.

Life Insurance Company of North America
 Connecticut General Life Insurance Company
 CIGNA Life Insurance Company of New York

[] Acknowledgment Requested

To Fax a reply, dial: 860.731.2907

APR-28-2005 11:30 From:

To: 1212 746 8127

P.2

PHYSICAL ABILITY ASSESSMENT

We are evaluating your patient's disability claim in order to determine functional impairment. Please check the boxes corresponding to the patient's level of physical functioning. **Please substantiate your findings with medical documentation.** (Failure to provide the requested reports/data may result in delay in claim determinations).

Patient Name _____ Date of Birth _____
 Diagnosis(es)/ICD-9 Code _____

Throughout an 8-hour workday, the patient can tolerate, with positional changes and meal breaks, the following activities for the specified durations:

	Not applicable to diagnosis(es)	Continuously (67-100%) (5.5 + hrs)	Frequently (34-66%) (2.5 - 5.5 hrs)	Occasionally (1-33%) (<2.5 hrs)	Check if supported by objective findings
Sitting:					
Standing:					
Walking:					
Reaching: Overhead					
Desk Level					
Below Waist					
Fine Manipulation: Right:					
Left:					
Simple Grasp: Right:					
Left:					
Firm Grasp: Right:					
Left:					
Lifting: 10 lbs.					
11-20 lbs.					
21-50 lbs.					
51-100 lbs.					
100+ lbs.					
Carrying: 10 lbs.					
11-20 lbs.					
21-50 lbs.					
51-100 lbs.					
100+ lbs.					

APR-28-2005 11:30 From:

To: 1212 746 8127

p.3

	Not applicable to diagnosis(es)	Continuously (67-100%) (5.5 + hrs)	Frequently (34-66%) (2.5 - 5.5 hrs)	Occasionally (1-33%) (<2.5 hrs)	Check if supported by objective findings
Pushing: (Max. Wt.:_____)					
Pulling: (Max. Wt.:_____)					
Climbing: Regular Stairs					
Regular Ladders					
Balancing:					
Stooping:					
Kneeling:					
Crouching:					
Crawling:					
Seeing:					
Hearing:					
Smell/Taste:					
Environmental Conditions:					
Exposure to extremes in heat					
Exposure to extremes in cold					
Exposure to wet / humid conditions					
Exposure to vibration					
Exposure to odors / fumes / particles					
Can work around machinery					
Ability to work extended shifts/ overtime:					
Use lower extremities for foot controls:					

Please use this space to elaborate on ANY of the above categories:

Name: _____

Medical Specialty:

Address:

Federal ID tax number:

Signature:

Date: _____

Phone

Please include any objective test or narrative if available.

Thank you for your time.

Please return this form in the enclosed addressed envelope.

APR-29-2005 11:30 From:

To: 1212 746 8127

P. 4

NOV. 30. 2004 3:30PM

NY

NO. 279 P. 5

DISCLOSURE AUTHORIZATION

Claimant's Name (Please Print):

Steven Alamo

I AUTHORIZE: any doctor, physician, healer, health care practitioner, hospital, clinic, other medical facility, professional, or provider of health care, medically related facility or association, medical examiner, pharmacy, employee assistance plan, insurance company, health maintenance organization or similar entity to provide access to or to give the company named below (Company) or the Plan Administrator or their employees and authorized agents or authorized representatives, any medical and nonmedical information or records that they may have concerning my health condition, or health history, or regarding any advice, care or treatment provided to me. This information and/or records may include, but is not limited to: cause, treatment, diagnoses, prognoses, consultations, examinations, tests, prescriptions, or advice regarding my physical or mental condition, or other information concerning me. This may also include, but is not limited to, information concerning: mental illness, psychiatric, drug or alcohol use and any disability, and also HIV related testing, infection, illness, and AIDS (Acquired Immune Deficiency Syndrome), as well as communicable diseases and genetic testing. If my plan administrator sponsors both a disability plan underwritten or administered by Company and a medical plan of any type written by another CIGNA company, the information and records described in this form may also be given to any CIGNA Company which administers such medical or disability benefits for the purpose of evaluating any claim that may be submitted by me or on my behalf for benefits, for evaluating return to employment opportunities, and for administering any feature described in the plan. This information may also be extracted for use in audits or for statistical purposes.

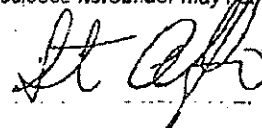
I AUTHORIZE: any financial institution, accountant, tax preparer, insurance company or reinsurer, consumer reporting agency, insurance support organization, Claimant's agent, employer, group policyholder, business associate, benefit plan administrator, family members, friends, neighbors or associates, governmental agency including the Social Security Administration or any other organization or person having knowledge of me to give the Company or the Plan Administrator or their employees and authorized agents, or authorized representatives, any information or records that they have concerning me, my occupation, my activities, employee/employment records, earnings or finances, applications for insurance coverage, prior claim files and claim history, work history and work related activities.

I UNDERSTAND: the information obtained will be included as part of the proof of claim and will be used to determine eligibility for claim benefits, any amounts payable, return to employment opportunities, and to administer any other feature described in the plan with respect to the Claimant. This authorization shall remain valid and apply to all records, information and events that occur over the duration of the claim, but not to exceed 24 months. A photocopy of this form is as valid as the original and I or my authorized representative may request one. I or my representative may revoke this authorization at any time as it applies to future disclosures by writing the Company. The information obtained will not be disclosed to anyone EXCEPT: a) reinsuring companies; b) the Medical Information Bureau, Inc., which operates Health Claim Index (HCI); c) fraud or overinsurance detection bureaus; d) anyone performing business, medical or legal functions with respect to the claim or the plan, including any entity providing assistance to the Company under its Social Security Assistance Program and employees involved in return to employment discussions; e) for audit or statistical purposes; f) as may be required or permitted by law; g) as I may further authorize. A valid authorization or court order for information does not waive other privacy rights.

If my medical information contains information regarding drug or alcohol abuse, I understand that my records may be protected under federal (42 CFR Part 2) and some state laws. To the extent permitted under law, I can ask the party that disclosed information to the Company to permit me to inspect and copy the information it disclosed. I understand that I can refuse to sign this disclosure authorization; however, if I do so, Company may deny my claim for benefits pursuant to the plan. The use and further disclosure of information disclosed hereunder may not be subject to the Health Insurance Portability and Accountability Act (HIPAA).

Signature of Claimant or

Claimant's Authorized Representative:



Date:

11/4/04

Relationship,

if other than Claimant:

Claimant's Social Security Number:

074-44-9648

Company Name:

CIGNA Life Insurance Company of New York

PROHIBITION ON RE-DISCLOSURE

If the medical information contains information regarding drug or alcohol abuse, it may be protected under federal law. Federal regulations (42 CFR Part 2) prohibit any person or entity who receives such protected information from the Company from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulation. A general authorization for the release of medical or other information is not sufficient for this purpose. The federal rules restrict any use of such protected information to criminally investigate or prosecute any alcohol or drug abuse patient.

Page 4 of 5

CLICNY 0770

CLICNY-0771
6-13-02

~~6-13-02~~

60505

PATIENT INFORMATION SHEET

Steven Alfano
3800 Waldo Ave #13G
Bronx, NY 10463

HOME OFFICE
718-884-2067 (212)746-1038
SOC. SEC. FOSP.#

EMERGENCY CONTACT

NAME Eva Alfano
PHONE 718-884-2067

099-44-9648 228-41-47

M 01/14/1958

M W D S
X

SPOUSE'S NAME

MOTHER'S NAME

FATHER'S NAME

Eva Alfano

INS. CO. NAME (Primary)

INS. CO. NAME (Secondary)

United HealthCare (Employee)

Medicare

PLAN #

GROUP #

PLAN #

GROUP #

963378884

099-44-9648-A

Diagnoses

ICD 722.4 CERVICAL DISC DEGEN[09/29/01-09/29/04]
ICD 781.99 REPEATED MUSCULOSKELETAL SYM HLC[09/10/04-09/10/04]
ICD 780.57 SLEEP APNEA NEC NOS[09/22/03-09/22/03]
ICD V70.0 GENERAL MEDICAL EXAM NEC[09/22/03-09/22/03]
ICD 702.1 NON-SPECIFIC SKIN ERUPT NEC[05/21/03-05/21/03]
ICD 843.8 SPRAIN HIP TR BCH NEC[03-07/03-04/07/03]
ICD 607.84 IMPOTENCE ORGANIC CRIN[12/11/02-12/11/02]
ICD 520.9 TROPHIC ULCER OF DISC[12/11/02-12/11/02]
ICD 311 DEPRESSIVE DISORDER NEC[09/27/02-09/27/02]
ICD 213.7 BEN NEO LONG BONES LEG[05/13/02-12/11/02]
ICD V72.64 PHYSIC EXAMINATION NOS[01/14/02-04/07/03]
ICD 724.02 SPINAL STENOSIS LUMBAR[09/06/00-09/10/04]
ICD 724.00 SPINAL STENOSIS NOS[06/19/00-09/22/03]
ICD 600.1 HYPERPLASIA OF PROSTATE[03/13/00-03/13/00]
ICD 535.40 GASTRITIS NEC[06/03/99-06/03/99]
ICD 535.50 GASTRITIS DUODENITIS NOS[06/03/99-03/13/00]
ICD 735.0 ACD DEFORMITY OF TOE NOS[04/23/99-04/23/99]
ICD 681.0 CELLULITIS OF DIGIT NOS[07/22/99-03/22/00]
ICD 716.84 ARTHROPATHY NEC HAND NOS[07/18/99-07/18/99]
ICD 346.00 CLUSC MIGRAINE/MOT INTRC[05/28/98-01/16/02]
ICD 450.0 EPIDERMITIS NOS[09/08/98-10/23/00]
ICD 784.0 HEADACHE[03/02/98-03/03/99]
ICD 278.00 OBESITY NOS[06/09/97-10/23/00]
ICD E929.8 LATE EFF MOTOR VEHIC ACC[06/30/97-10/23/00]
ICD 305.11 TOBACCO ABUSE-CONTINUOUS[04/09/97-12/21/99]
ICD 726.10 ROTATOR CUFF DIS NEC[04/09/97-06/11/02]
ICD 478.9 UPPER RESP DIS NEC NOS[01/17/97-01/17/97]
ICD 346.0 CLASSICAL MIGRAINE[10/01/96-10/01/96]
ICD 401.9 HYPERTENSION NOS[10/01/95-09/10/04]
ICD 716.17 TRAUM ARTHROPATHY-ANKLE[04/30/95-05/22/00]
ICD 727.41 GANGLION OF JOINT[01/20/95-03/11/97]
ICD 462.0 ACUTE PHARYNGITIS[10/01/95-11/01/95]
ICD 278.0 OBESITY[10/17/95-01/30/98]
ICD 401.0 ESSENTIAL HYPERTENSION[09/29/95-09/29/95]
ICD 686.9 LOCAL SKIN INFECTION NOS[07/31/95-04/27/01]
ICD 079.9 VIRAL INFECTION NOS[12/21/99-12/21/99]

Medications

OXYCONTIN 80MG TABLETS / 1 tab po qd
LISINOPRIL 20MG TABLET / 1 tab po qd
TRIAMCINOLONE 0.1% CREAM / apply bid
PREVACID 30MG CAPSULES / 1 po qd
IMITREX NASAL SPRAY 20MG/SPRAY / 1 spray intranasally prn
IMITREX 50MG TABLET / 1-2 tabs with onset of migraine
ASPIRIN 81MG TABLET EC / 1 po qd
VIOXX 50MG TABLET / 1 tab po qd

099-44-9648
50-01-9

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
12/15/95 16:24

Progress Note: Steven Alfano / December 15, 1995

Subjective:

still wants to lose the weight
and stop smoking
wife was sick with infectious diarrhea recently

Objective:

BP: P: Wt: 264.5 lbs
L: clear
C: nr

Current Medications:

AMOXICILLIN 250MG CAPSULE / 1 po tid
NICORETTE 2MG CHEWING GUM / no more than 8 per day
ASPIRIN 81MG TABLET EC / 1 po qd

Impression:

Plan:

primatene tabs
naq pain resolved
cont. diet
smoking program

Andrew Schiff, MD

228-41-47
50-27-9

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
05/16/96 16:29

Dear Mr Alfano:

Xray reveals question of stress fracture
p/ortho follow up

Sincerely,

Andrew Schiff, MD

228-41-47
05-16-96

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
06/30/97 15:06

Progress Note: Steven Alfano / June 30, 1997

Subjective:

Patient experienced Motor Vehicle Accident yesterday when he was hit on the driver's side door resulting in contusions of the left side of his body.

No loss of consciousness, no visual changes, no head trauma.

complaints of:

contusion on medial aspect of left knee
contusion of lateral aspect of left thigh
tenderness of the lower left side of his back.
tenderness and stiffness of his right neck.

Objective:

BP 130/96 P 84 reg. Wt

Op: clear

L: clear

C: RRR no murmur

Full range of motion at knee left side

full range of motion of hip and left side

straight leg raise to 75 degrees

contusion on medial aspect of left knee

some stiffness on rotation of neck

N: intact

2-12 intact

balance intact

Current Medications:

ESCIC-PLUS TABLET / 1-2 tabs po prn headache

AXID 150MG PULVULET / 1 po bid

ASPIRIN 81MG TABLET EC / 1 po qd

Impression:

s/p MVA

Plan:

flexeril

rest

670-8400
50.00

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
12/29/97 10:53

Message from Steven Alfano:

Reason for call:

Pt w/ sore throat, / fever, no cough, (+) tan, tonsils were removed
child sick at home

Assessment:

- 1) Rx Biaxin 500 mg po bid x7
- 2) DJ pharmacy 1-855-9-6709

Glen B Giechlik, MD

228-41-47
12/29/97

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
03/02/98 14:55

Progress Note: Steven Alfano / March 2, 1998

Subjective: 40 year old man with

Objective:

BP 150/90 P 72 reg Wt

Current Medications:

BACTRIM DS TABLET / 1 po bid
TENORMIN 50MG TABLET / 1 po daily
ESGIC-PLUS TABLET / 1-2 tabs po prn headache
AXID 150MG PULVULE / 1 po bid
ASPIRIN 81MG TABLET EC / 1 po qd
BACTROBAN 2% OINTMENT / apply bid as directed

Impression:

Plan:

MRI BRAIN W/O CONTRAST
CARDIOVASCULAR EVAL

Andrew Schiff, MD

0730-8403
30279

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
03/02/98 15:30

Progress Note: Steven Alfano / March 2, 1998

Subjective: 46 year old man with
sinus congestion
yellow discharge
chronic headaches (common migraine variant)
esgic not working
will try tenormin
his daughter has headaches
obesity
diet needs substantial work
hypercholesterolemia
needs work
persistent URI
probably related to fatigue stress
joint pain
right shoulder
left knee
would benefit from pt

Objective:

BP 150/90 P 72, reg Wt
normal joints
Neurologically intact, H-XII

Current Medications:

BACTRIM DS TABLET / 1 po bid
TENORMIN 50MG TABLET / 1 po daily
ESGIC-PLUS TABLET / 1-2 tabs po prn headache
AXID 150MG PULVULE / 1 po bid
ASPIRIN 81MG TABLET EC / 1 po qd
BACTROBAN 2% OINTMENT / apply bid as directed

Impression:
as above

Plan:

MRI BRAIN w/o CONTRAST
CARDIOVASCULAR EVAL
TYPE & SCREEN BATTERY
revisit 1 week
Andrew Schiff, MD

0700-44010
90679

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
03/31/98 10:15

Progress Note: Steven Alfano / March 31, 1998

Subjective: 40-year old man with
headaches
respond to stimulant
maybe should see coffee bid
exercise
over left temporal lobe
also with involvement of left nasal passage
tenormin does not improve it
may try ca blocker
sumatriptan prn
taper off tenormin

Objective:

BP 130/88 P 84 reg Wt

Current Medications:

VERELAN 240MG CAPSULE SA / 1 po qd
BACTRIM DS TABLET / 1 po bid
TENORMIN 50MG TABLET / 1 po bid
ESGIC-PLUS TABLET / 1-2 tabs po prn headache
AXID 150MG PULVULE / 1 po bid
ASPIRIN 81MG TABLET EC / 1 po qd
BACTROBAN 2% OINTMENT / apply bid as directed

Impression:
headaches
multifactorial

Plan:
as above

Andrew Schiff, MD

228-41-47
3/31/98

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
04/06/98 17:17

Dear Mr Alfano:

Enclosed are radiology films that were sent to us by your radiologist. These films were taken on .

The best way for you and your caregivers to ensure that these films are available to you for use in the future is to give them to you for safekeeping. It is important for your physician or nurse practitioner to have old films available to compare with films that may be taken of you in the future. This is true even if the films we are sending you are normal.

If you have any questions about your films, please feel free to ask your Doctor or Nurse Practitioner about them at the time of your next visit.

Sincerely,

Cornell Internal Medicine Associates

2700-44010
9-27-9

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
09/08/98 14:30

Progress Note: Steven Alfano / September 8, 1998

Subjective: 40 year old man with no significant PMHx now with 2 day h/o sore throat, coughing up yellow mucus, burning in chest assoc with coughing, mild DOE, and congestion in ears. +/- fevers. (+) h/a, generalized muscle aches. (+) sick contacts at home (wife and daughter with URI sxs over past few days). Pt 25 pack year smoker, quit 2 days ago and now on nicotine patch. No recent travel hx. No known TB exposure: last PPD 4 years ago, negative. Never had pneumovax. Otherwise, no chills, no discharge from eyes/ears/nose, no nasal congestion, no swelling of nodes in neck, no dizziness or lightheadedness. No known HIV risk factors.

NKDA

Objective:

BP: 145/90 P: 80 regular T: 96.5 RR: 20

HEENT: conjunctivae pink, TMs clear b/l with good light reflex, OP with minimal erythema

Neck: supple, no LAD, no masses

Lungs: CTA b/l

Heart: RRR. No M/R/G

Current Medications:

Imitrex 50mg po prn migraines, last time few days ago

Axid 150mg po qd prn, last time 5 days ago

ECASA 81 mg po qd

Impression:

40 yo man with 25 pack year smoking hx presents with tracheobronchitis v. atypical pneumonia. Given significant h/o smoking, will elect to Rx with Biaxin despite probable viral etiology given co-morbid condition.

Plan:

1. Tracheobronchitis v. atypical pneumonia:

-Biaxin 500mg po bid x5 days

-fluids

-OTC guaifenesin for cough prn

2. HCM:

-encouraged pt to follow through with smoking cessation

-cont current medications

3. F/u:

-Dr. Schiff in 6 month

Pt seen and d/w Dr. Anderson.

Steve Sang-Yoon Kim, MD

STEVEN ALFANO
9/8/98

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
09/08/98 14:57

PIC Note: Steven Alfano / September 8, 1998

Case reviewed with Dr Kim. Patient seen and examined by me.

Details of history and physical as per resident's note.

40 year old man here for sore throat, cough productive of yellow mucous, burning sensation in chest when coughs. He also has congestion in ears. These sxs have been going on for the past 2 days.

Objective:

BP=145/90 P=90 Afebrile

HEENT-

Current Medications:

AXID 150MG PULVULE / 1 po bid

ASPIRIN 81MG TABLET EC / 1 po qd

IMPREX 50MG TABLET / 1-2 tabs with onset of migraine

Impression:

Plan:

Sheila Anderson, MD
AN028

228-41-47
9.8.98

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
09/28/98 12:39

Progress Note: Steven Alfano / September 28, 1998

Subjective: 40 year old man with

smoking cessation
with encouragement stopped smoking
over labor day
used nicotine patches briefly

shoulder
prior surgery of right shoulder
notes some discomfort

weight
has gained weight
since smoking cessation
advised him to reduce carbohydrates

migraine headaches
vom mitrex

foot
some pain esp with weight bearing

Objective:

BP 120/80 (once he rested in the room for 5 minutes)
P 72 reg Wt 300 lbs
L: clear
C: RRR
A: soft
foot: normal exam
shoulder: some pain with abduction with resistance
n: intact

Current Medications:

BIAXIN 500MG TABLET / 1 po bid with meals
AXID 150MG PULVULE / 1 po bid
ASPIRIN 81MG TABLET EC / 1 po qd
IMITREX 50MG TABLET / 1-2 tabs with onset of migraine

Impression:

deftoid bursitis
rotator cuff strain
alexaites
pt
watch carbohydrates
mitrex for migraine
foot
better arch support

Plan:

ORTHOPEDIC CONSULT

0709-4400
90-679

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
09/28/98 12:39
Page# 2

Andrew Schiff, MD

228-41-47
9/28/98

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
11/24/98 15:04

Progress Note: Steven Alfano / November 24, 1998

Subjective: 40 year old man with
revisit

(1) weight-still over 300 lbs, decreased headache sx on low carbohydrate, improved bn/less constipation, generally
feels better

(2) wants inspection to small cyst on anterior right leg- ok prob small dermal cysts, also has skin tag in groin
region-which should be removed.

neither are painful and both have been there for awhile

pfsh:

unchanged still stress at work

Objective:

well-appear

nl thyroid

no cerv, sc, axill lymphs

skin: multiple skin tags

BP 130/80 P72 Wt 302 lbs

L: clear, no wheezes

C: RRR, no m.r.e

A: soft, m (+) bs

n: intact

Current Medications:

BIAXIN 500MG TABLET / 1 po bid with meals

AXID 150MG PULVULE / 1 po bid

ASPIRIN 81MG TABLET EC / 1 po qd

IMITREX 50MG TABLET / 1-2 tabs with onset of migraine

Impression:

derm for skin tag removal

continue on low carbohydrate diet

Plan:

Andrew Schiff, MD

2700-4400
30-07-98

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
02/18/99 13:43

Progress Note: Steven Alfano / February 18, 1999

Subjective: 41 year old man with
left thumb pain
playing with son
jammed thumb

smoking cessation
with encouragement stopped smoking
over labor day
used nicoderm patches briefly

shoulder
prior surgery of right shoulder
notes some discomfort

weight
has gained weight
since smoking cessation
advised him to reduce carbohydrates

migraine headaches
vom mitrex

foot
some pain esp with weight bearing

Objective:

BP P Wt
from at thumb
no contusions

Current Medications:

BIAXIN 500MG TABLET / 1 po bid with meals
AXID 150MG PULVULE / 1 po bid
ASPIRIN 81MG TABLET EC / 1 po qd
IMITREX 50MG TABLET / 1-2 tabs with onset of migrain

Impression:
prob ligamentous tear/ thumb sprain
needs conservative tx

try intranasal mitrex

Plan:
Andrew Schiff, MD

NYH-4147
2-18-99

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
02/22/99 11:14

Progress Note: Steven Alfano / February 22, 1999

Subjective: 41 year old man with
swollen right thumb over weekend
no trauma
no clear infection
painful
no hx of gout

Objective:

BP P Wt
red swollen soft tissue surrounding thumb

Current Medications:

KEFLEX 500MG PULVULE / 1 po bid
INDOCIN 50MG CAPSULE / 1 po tid with food
IMITREX NASAL SPRAY 20MG/SPRAY / 1 spray intranasally prn
BIAXIN 500MG TABLET / 1 po bid with meals
AXID 150MG PULVULE / 1 po bid
ASPIRIN 81MG TABLET EC / 1 po qd
IMITREX 50MG TABLET / 1-2 tabs with onset of migraine

Impression:
indocin
keflex

Plan:
call if no improvement

Andrew Schiff, MD

0228-4147
99-02-23

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
03/05/99 08:47

Dear Mr. Alfano:

Enclosed are radiology films that were sent to us by your radiologist. These films were taken on .

The best way for you and your caregivers to ensure that these films are available to you for use in the future is to give them to you for safekeeping. It is important for your physician or nurse practitioner to have old films available to compare with films that may be taken of you in the future. This is true even if the films we are sending you are normal.

If you have any questions about your films, please feel free to ask your Doctor or Nurse Practitioner about them at the time of your next visit.

Sincerely,

Cornell Internal Medicine Associates

03/05/99 08:47
2003

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
04/23/99 09:30

PIC Note: Steven Alfano / April 23, 1999

Case reviewed with Dr. Malebranche.

Details of history and physical as per resident's note.

41 year old man here for fracture fifth toe-happened a few days ago-got an xray which shows fracture of 5th metatarsal which is nondisplaced and not going through joint. Pt buddytaped. Here for eval...

Objective:

BP P T Wt
ecchymoses toe

Current Medications:

KEFLEX 500MG PULVULE / 1 po bid
INDOCIN 50MG CAPSULE / 1 po tid with food
IMITREX NASAL SPRAY 20MG/SPRAY / 1 spray intranasally prn
BIAXIN 500MG TABLET / 1 po bid with meals
AXID 150MG PULVULE / 1 po bid
ASPIRIN 81MG TABLET EC / 1 po qd
IMITREX 50MG TABLET / 1-2 tabs with onset of migraine

Impression: Uncomplicated fracture 5th metatarsal

Plan: prn NSAIDS
no further intervention necessary

Leanne Forman, MD
FO046

NOTED
4/23/99

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Altano
NYH # 228-41-47
04/23/99 09:37

Progress Note: Steven Altano / April 23, 1999

Subjective: 41 year old man with hx of migraines, here for eval of toe. Hit right foot on table tuesday night, stubbed right pinky toe, with pain, swelling - called Dr. Schiff, went to XRAY, found to have fx. Pt buddy taped toes that night til yesterday, but removed tape at time of xray. no pain meds taken

Objective:

right foot - erythema with ecchymotic areas around small toe, tender to palpation. 2+ DP pulse, adequate sensation to LT.

Foot film - linear fx at proximal phalynx of small toe

Current Medications:

IMITREX NASAL SPRAY 20MG/SPRAY / 1 spray intranasally prn
IMITREX 50MG TABLET / 1-2 tabs with onset of migraine

Impression: young male with proximal phalynx toe fx

Plan:

- motrin 400 qid prn
- warm compresses
- soft shoes as needed
- fu with Dr. Schiff prn

David Malabrancic, MD

2008-04-23
5:23

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
05/07/99 13:24

Progress Note: Steven Alfano / May 7, 1999

Subjective: 61 year old man with
5th toe fracture discussed

Objective:

BP P Wt

Current Medications:

MOTRIN 400MG TABLET / one tab po q 4 hrs prn
KEFLEX 500MG PULVULE / 1 po bid
INDOCIN 50MG CAPSULE / 1 po tid with food
IMITREX NASAL SPRAY 20MG/SPRAY / 1 spray intranasally prn
BIAXIN 500MG TABLET / 1 po bid with meals
AXID 150MG PULVULE / 1 po bid
ASPIRIN 81MG TABLET EC / 1 po qd
IMITREX 50MG TABLET / 1-2 tabs with onset of migraine

Impression:

Plan:

Andrew Schiff, MD

228-41-47
5-27-99

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
06/03/99 14:17

Progress Note: Steven Alfano / June 3, 1999

Subjective: 57 year old man with
occasional epigastric sx
sometimes nocturnal; never
related to exercise

imitrex working well

Objective:

BP P Wt
no ventral hernia
slight cakness in RA muscles

Current Medications:

MOTRIN 400MG TABLET / one tab po q 4 hrs prn
KEFLEX 500MG PULVULE / 1 po bid
INDOCIN 50MG CAPSULE / 1 po tid with food
IMITREX NASAL SPRAY 20MG/SPRAY / 1 spray intranasally prn
BIAXIN 500MG TABLET / 1 po bid with meals
AXID 150MG PULVULE / 1 po bid
ASPIRIN 81MG TABLET EC / 1 po qd
IMITREX 50MG TABLET / 1-2 tabs with onset of migraine

Impression:

RX imitrex
UGI series
RX axid

Plan:

Andrew Schill, MD

5700-0400
5024

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
07/14/99 03:09

Patient Name: ALFANO, STEVEN
History #: 228-41-47
Accession #: NY1921240
Soc Security: 090-41-9648
Date of Birth: 01/11/58
Sex: M
Ordered by: SCHIFF
Specimen Date: 07/14/1999 03:09
Report Date: 07/20/1999 09:05
Status: Final

GLUCOSE, PLASMA 104 MG/DL
1997 AMERICAN DIABETES ASSOCIATION
DIAGNOSTIC CRITERIA FOR DIABETES MELLITUS

GLUCOSE VALUE (MG/DL)
INTERPRETATION FASTING RANDOM
NORMAL <110
IMPAIRED FASTING 110-126
DIABETES \geq OR=126* \geq OR=200**

* MUST BE CONFIRMED BY TESTING ON A SUBSEQUENT DAY.
**SYMPTOMS OF DIABETES AND CONFIRMED BY TESTING ON
A SUBSEQUENT DAY.

COMPREHENSIVE METABOLIC PANEL WITHOUT CO2

GLUCOSE	69 L	MG/DL	70-115
UREA NITROGEN (BUN)	14	MG/DL	7-25
CREATININE	1.1	MG/DL	0.5-1.4
BUN/CREATININE RATIO	13	(CALC)	6-25
SODIUM	142	MEQ/L	135-146
POTASSIUM	3.6	MEQ/L	3.5-5.3
CHLORIDE	103	MEQ/L	95-108
CALCIUM	8.8	MG/DL	8.5-10.3
PROTEIN, TOTAL	7.2	G/DL	6.0-8.5
ALBUMIN	4.4	G/DL	3.2-5.0
GLOBULIN	2.8	G/DL (CALC)	2.2-4.2
ALBUMIN/GLOBULIN RATIO	1.6	(CALC)	0.8-2.0
BILIRUBIN, TOTAL	0.5	MG/DL	0.0-1.3
ALKALINE PHOSPHATASE	99	U/L	20-125
AST (SGOT)	23	U/L	0-42
CBC (INCLUDES DIFF/PLT)			
WHITE BLOOD CELL COUNT	9.0	THOUS/MCL	3.8-10.8
RED BLOOD CELL COUNT	4.91	MILL/MCL	4.40-5.80
HEMOGLOBIN	14.6	G/DL	13.8-17.2
HEMATOCRIT	42.9	%	41.0-50.0
MCV	87.3	FL	80.0-100.0
MCH	29.7	PG	27.0-33.0
MCHC	34.0	G/DL	32.0-36.0
RDW	12.8	%	9.0-15.0
PLATELET COUNT	244	THOUS/MCL	130-400
ABSOLUTE NEUTROPHILS	6300	CELLS/MCL	500-7800
NEUTROPHILS	70	%	
ABSOLUTE LYMPHOCYTES	2160	CELLS/MCL	850-4100
LYMPHOCYTES	24	%	
ABSOLUTE MONOCYTES	450	CELLS/MCL	200-1100
MONOCYTES	5	%	

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
07/14/99 03:09
Page# 2

ABSOLUTE EOSINOPHILS	90	CELLS/MCL	50-550
EOSINOPHILS	1	%	
ABSOLUTE BASOPHILS	0	CELLS/MCL	0-200
BASOPHILS	0	%	
TOTAL PSA	0.5	NG/ML	< OR = 4.0

0720-0400
50-51-9

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
07/14/99 15:03

Progress Note: Steven Alfano / July 14, 1999

Subjective: 41 year old man with
cyst in mouth for 3 weeks
although, of late, seems to be improving
no fever, chills, n.v.d

headaches now seems to be better controlled
on imitrex with refill nasal imitrex
also encourage low carbohydrate diet
given information

prior stress fracture

smoking cessation
with encouragement stopped smoking
over labor day
used nicoderm patches briefly

shoulder
prior surgery of right shoulder
notes some discomfort

weight
has gained weight
since smoking cessation
advised him to reduce carbohydrates

migraine headaches
vom imitrex

foot
some pain esp with weight bearing

fmh
father colon cancer
prostate cancer

sh
mother-in-law dying
married
kids
works in human resources

228-41-47
50-21-9

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
07/14/99 15:03
Page# 2

Objective:

well-appearing, has a beard
ears: clear, nl hearing
BP 140/90 P72 Wt 302 lbs
opt: clear, no erythema
no cerv. ax. sc nodes
L: clear, no wheezes
C: RRR, no murg
A: soft, nt brgs, nt ls obese
ext: no edema
nt intact
small inclusion cyst on posterior portion of right side of mouth.

Current Medications:

IMITREX NASAL SPRAY 20MG/SPRAY / 1 spray intranasally prn
AXID 150MG PULVULE / 1 po bid
ASPIRIN 81MG TABLET EC / 1 po qd
IMITREX 50MG TABLET / 1-2 tabs with onset of migraine

Impression:

weight loss
colonoscopy- father had colon ca, and multiple polyps
labs
refill imitrex
reassure about cyst in mouth

Plan:

PROSTATIC SPECIFIC ANTIGEN (PSA)
CBC COMPLETE WITH DIFFERENTIAL
COMPLETE METABOLIC PANEL (12 TESTS)
COLONOSCOPY

Andrew Schitt, MD

0720-84010
90-01-9

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
10/18/99 09:44

Progress Note: Steven Alfano / October 18, 1999

Subjective: 44 year old man with

erosive duodenitis by egd/ biopsies
on prevacid

Objective:

BP P Wt

Current Medications:

IMITREX NASAL SPRAY 20MG/SPRAY / 1 spray intranasally prn
AXID 150MG PULVULE / 1 po bid
ASPIRIN 81MG TABLET EC / 1 po qd
IMITREX 50MG TABLET / 1-2 tabs with onset of migraine

Impression:

Plan:

Andrew Schiff, MD

228-41-47
10-18-99

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
12/21/99 14:15

PIC Note: Steven Alfano / December 21, 1999

Case reviewed with Dr Dye.

Details of history and physical as per resident's note.

41 year old man here for ...
several days on joint pains, myalgias, cough, chills, and burning sensation in chest.

PMH: HTN
smoker
migraine

ROS: some loose stools
no sick contacts @ home

Objective: Obese man in NAD

T=98.6 F

EXAM as documented by Dr. Dye

Current Medications:
IMITREX NASAL SPRAY 20MG/SPRAY / 1 spray intranasally prn
AXID 150MG PULVULE / 1 po bid
ASPIRIN 81MG TABLET EC / 1 po qd
IMITREX 50MG TABLET / 1-2 tabs with onset of migraine

Impression: Viral URI

Plan: Supportive care w/ fluids, OTC cold remedies, tylenol prn.

Sheila Anderson, MD
AN028

0700-0400
50-279

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
12/21/99 14:20

Progress Note: Steven Alfano / December 21, 1999

Subjective: 41 year old man with mild headache, muscle aches loose stools dry cough with substernal burning, burning NOT assoc with exertion not had before. +smoking, no asthma no known wheezing in past. no fever sweat mild chills.

Objective:

T 98.6

heent conjunctiva clear nares clear no mucus op clear no exudates

neck - no full

lungs clear no wheeze/rales

card - regular s1 s2

abd - +bs soft obese

Current Medications:

IMITREX NASAL SPRAY 20MG/SPRAY / 1 spray intranasally pm

AXID 150MG PULVULE / 1 po bid

ASPIRIN 81MG TABLET EC / 1 po qd

IMITREX 50MG TABLET / 1-2 tabs with onset of migraine

Impression:

mild viral illness.

Plan:

1. humidify air passages as much as possible: saline nasal spray/humidifier at night; drink fluids
2. tylenol or nsaid for aches
3. discussed merits of smoking cessation
4. call clinic if develop purulent cough for eval poss abx and bacterial infection developing in pt with significant tobacco use
5. routine f/u 7/00

James Clayton Dye, MD
d/w Dr. Sheila Anderson

0700-0403
30-07-99

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
03/13/00 11:18

Progress Note: Steven Alfano / March 13, 2000

Subjective: 72 year old man with
bph symptoms
and will send to urology
normal psa in July

sx of right sided ? loss of periph vision momentary
yesterday with kid
lasted momentarily
then resolved
has not occurred again
though bp is elevated
today

erosive gastritis by egd
on prilosec

headaches now seems to be better controlled
on imitrex with refill nasal imitrex
also encourage low carbohydrate diet
given information

prior stress fracture

smoking cessation
with encouragement stopped smoking
over labor day
used nicotine patches briefly

shoulder
prior surgery of right shoulder
notes some discomfort

weight
has gained weight
since smoking cessation
advised him to reduce carbohydrates

migraine headaches
vont imitrex

foot

0700-0400
00-0700

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
03/13/00 11:18
Page# 2

some pain esp with weight bearing

fmh
father colon cancer
prostate cancer

sh
mother-in-law dying
married
kids
works in human resources

Objective:
well-appearing, has a beard
ears: clear, nl hearing
BP 160/100 P72 Wt 302 lbs
opt: clear, no erythema
no cerv, ax, sc nodes
L: clear, no wheezes
C: RRR, no m.r.g
A: soft, nt (+) ds, nl ls obese
extr: no edema
n: intact
2-12 intact
motor 5/5
vftc
perla

Current Medications:

IMITREX NASAL SPRAY 20MG/SPRAY / 1 spray intranasally prn
AXID 150MG PULVULE / 1 po bid
ASPIRIN 81MG TABLET EC / 1 po qd
IMITREX 50MG TABLET / 1-2 tabs with onset of migraine

Impression:
colon
begin norvasc for bp 5 then 10
restart 2 weeks
call immediately if other neuro sx

Plan:

UROLOGY CONSULT

2700-04010
50-279

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Altano
NYH # 228-41-47
03/13/00 11:18
Page# 3

New medications: NORVASC 10MG TABLET / 1 po qd
NORVASC 5MG TABLET / 1 po qd

RTC 2 wks

Andrew Schmitt, MD

2700-44500
20-07-0

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
03/27/00 11:27

Progress Note: Steven Alfano / March 27, 2000

Subjective: 42 year old man with
now on bp meds
and bp improved and headaches improved

Objective:

BP 140/90 F Wt 302 lbs
(130/80 when I took it)

Current Medications:

NORVASC 10MG TABLET / 1 po qd
IMITREX NASAL SPRAY 20MG/SPRAY / 1 spray intranasally prn
AXID 150MG PULVULE / 1 po bid
ASPIRIN 81MG TABLET EC / 1 po qd
IMITREX 50MG TABLET / 1-2 tabs with onset of migraine

Impression:
cont norvasc 10 qd

Plan:

Discontinued: NORVASC 5MG TABLET / 1 po qd

Refilled: NORVASC 10MG TABLET / 1 po qd
PROSTEP 22MG/24HR PATCH / as directed

RTC 6 months

Andrew Schill, MD

228-41-47
3-27-00

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
 CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
 NYH # 228-41-47
 09/06/00 00:00

Patient Name: ALFANO, STEVEN

History #: ?

Accession #: 60116245

Soc Security: 00-9449648

Date of Birth: 01/14/58

Sex: M

Ordered by:

Specimen Date: 09/06/2000 00:00

Report Date: 09/07/2000 07:11

Status: Final

COMP METABOLIC PANEL

GLUCOSE mg/dL

Glucose was performed on the gray-top tube that we received with your chem-screen order. If you have any questions or concerns, please call our client services department at 800-634-1390.

SODIUM	142	mmol/L	136-144
POTASSIUM	4.2	mmol/L	3.6-5.1
CHLORIDE	104	mmol/L	99-109
CARBON DIOXIDE	24	mmol/L	21-31
UREA NITROGEN	15	mg/dL	9-24
CREATININE	1.1	mg/dL	0.7-1.3
BUN/CREATININE RATIO	13.6		
CALCIUM	9.3	mg/dL	8.7-10.3
PROTEIN, TOTAL	7.9	g/dL	6.5-8.2
ALBUMIN	4.8	g/dL	3.9-5.0
GLOBULIN, CALCULATED	3.1	g/dL	2.1-3.6
A/G RATIO	1.5		1.1-2.0
BILIRUBIN, TOTAL	0.56	mg/dL	0.20-1.50
ALKALINE PHOSPHATASE	127 H	U/L	30-115
AST	31	U/L	5-43
ALT	68 H	U/L	5-60
GLUCOSE			
GLUCOSE, FASTING	94	mg/dL	
	65-125		

The glucose reference range is based on a non-fasting state.

HEMOGLOBIN A1C 5.9 Percent

A hemoglobin A1c of less than 7.0 percent meets the ADA's recommended goal for therapy.

228-41-47
 90979

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
09/06/00 16:59

Progress Note: Steven Alfano / September 6, 2000

Subjective: 42 year old man with
L5-S1 stenosis/spondylosis
for neurosurgery

erosive gastritis by egd
on prilosec

prior stress fracture

shoulder
prior surgery of right shoulder

weight
has gained weight
since smoking cessation
advised him to reduce carbohydrates
and stop smoking entirely down
to 1/2 ppd

migraine headaches
stable at present now that he is on bp meds

foot
some pain esp with weight bearing

fmh
father colon cancer
prostate cancer

sh
mother-in-law dying
married
kids
works in human resources

Objective:

BP 150/100 P RR Wt 302 lbs
perla
op: clear, no erythema
no cerv, ax, sc nodes
L: clear, no wheezes

270-8400
90-814

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
09/06/00 16:59
Page# 2

C: RRR, no m.r.g
A: soft, m (+) bs, nl ls obese
ext: no edema
m: intact
2-12 intact
motor 5/5

Current Medications:

NORVASC 10MG TABLET / 1 po qd
IMITREX NASAL SPRAY 20MG/SPRAY / 1 spray intranasally prn
IMITREX 50MG TABLET / 1-2 tabs with onset of migraine
ASPIRIN 81MG TABLET EC / 1 po qd

Impression:

PHYSICAL THERAPY CONSULT
(discogram)
GLYCO HEMOGLOBIN (ROUTINE)
COMPLETE METABOLIC PANEL (12 TESTS)
STRESS TEST (ETT)

- will need colon in future if not already -
will deal with issue of lumbar disc first
plan for neurosurgery dr. Farmer at HSS in about 1 month after pt

Discontinued: AXID 150MG PULVULE / 1 po bid

New medications: PREVACID 30MG CAPSULES / 1 po qd

RTC after surgery or for pre-op

Andrew Schilit, MD

0700-8400
90079

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
10/16/00 12:22

Progress Note: Steven Alfano / October 16, 2000

Subjective: 42 year old man with
needs surgery for
L5-S1 stenosis/spondylosis
for neurosurgery
now on disability

will rx celexa for depression

also
will try zestril for hp instead of norvasc
and see him back next week

Objective:

BP 160/100 P- Wt 303 lbs
E: clear
C: RRR, no murm

Current Medications:

PREVACID 30MG CAPSULES / 1 po qd
NORVASC 10MG TABLET / 1 po qd
IMITREX NASAL SPRAY 20MG/SPRAY / 1 spray intranasally prn
IMITREX 50MG TABLET / 1-2 tabs with onset of migraine
ASPIRIN 81MG TABLET EC / 1 po qd

Impression:

rx zestril
rx celexa

Plan:

New medications: CELEXA 20MG TABLET / 1 po qd
ZESTRIL 10MG TABLET / 1 po qd

RTC Mon 10/23/2000 11:20am

100-44013
5019

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
10/16/00 12:22
Page# 2

Andrew Schiff, MD

270-8400
90-01-8

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
10/23/00 11:34

Progress Note: Steven Alfano / October 23, 2000

Subjective: 42 year old man with
doing well on celexa
sleeping better
and bp well controlled on zestril

Objective:

BP 130/100 P Wt 304 lbs
unchanged

Current Medications:

CELEXA 20MG TABLET / 1 po qd
ZESTRIL 10MG TABLET / 1 po qd
PREVACID 30MG CAPSULES / 1 po qd
NORVASC 10MG TABLET / 1 po qd
IMITREX NASAL SPRAY 20MG/SPRAY / 1 spray intranasally prn
IMITREX 50MG TABLET / 1-2 tabs with onset of migraine
ASPIRIN 81MG TABLET EC / 1 po qd

Impression:
cont zestril
cont celexa

Plan:
Andrew Schinl MD

2700-44010
90-219

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
11/07/00 11:20

Patient Name: ALFANO, STEVEN
History #: ?
Accession #: 91105767
Soc Security: 099449648
Date of Birth: 01/14/58
Sex: M
Ordered by:
Specimen Date: 11/07/2000 11:20
Report Date: 11/08/2000 04:07
Status: Final

COMP METABOLIC PANEL

GLUCOSE mg/dL

Glucose was performed on the gray-top tube that we received with your chem-screen order. If you have any questions or concerns, please call our client services department at 800-631-1390

SODIUM	142	mmol/L	136-144
POTASSIUM	4.0	mmol/L	3.6-5.1
CHLORIDE	104	mmol/L	99-109
CARBON DIOXIDE	22	mmol/L	21-31
UREA NITROGEN	21	mg/dL	9-24
CREATININE	1.1	mg/dL	0.7-1.3
BUN/CREATININE RATIO	19.1		
CALCIUM	9.5	mg/dL	8.7-10.3
PROTEIN, TOTAL	7.5	g/dL	6.5-8.2
ALBUMIN	4.7	g/dL	3.9-5.0
GLOBULIN, CALCULATED	2.8	g/dL	2.1-3.6
A/G RATIO	1.7		1.1-2.0
BILIRUBIN, TOTAL	0.86	mg/dL	0.20-1.50
ALKALINE PHOSPHATASE		U/L	30-115
AST	20	U/L	5-43
ALT	39	U/L	5-60
GLUCOSE	97	mg/dL	65-125

The glucose reference range is based on a non-fasting state.

8700-4400
50-51-9

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
03/22/01 10:47

43 year old man with

CC:

Spinal stenosis - following with neurology (Steinberger) and neurosurgery (Farmer)

Urinary frequency

constipation/diarrhea

hemorrhoids

SH:

Marital Status:

Occupation:

Employment Status:

Employer:

Habits:

Smoking:

Alcohol:

Drug abuse:

HR at Cornell - starting LTD

FH:

PSH: unremarkable

PMH: unremarkable

Allergies: None Known

Current Medications:

LAMISIL 1% CREAM apply bid x 2 weeks

CELEXA 20MG TABLET 1 po qd

VIOXX 50MG TABLET 1 tab po qd

ZESTRIL 10mg TABLET 1 po qd

PREVACID 30MG CAPSULES 1 po qd

IMITREX NASAL SPRAY 20MG/SPRAY 1 spray intranasally po

IMITREX 50MG TABLET 1-2 tabs with onset of migraine

ASPIRIN 81MG TABLET EC 1 po qd

228-41-47
03/22/01

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
03/22/01 10:47
Page# 2

ROS:

Constitutional symptoms: Weight loss

PE:

General Appearance: WDWN white male NAD appearing stated age

Skin: no significant rashes or lesions

Head: NCV/AT

Eyes: normal conjunctivae, lids. PERLA, EOMI

ENT: normal dentition, normal mucosa

Neck: supple, no masses, trachea midline, no thyromegaly, no JVD, no bruit

Respiratory: clear to P & A

Cardiovascular: PMI MCL, normal S1, S2, no m/g/r

Abdomen: soft, nontender, nondistended, normal BS, no hepatosplenomegaly, no masses

Extremities: no CCE / normal ROM / normal femoral / popliteal / PT / DP pulses

GU: normal male

Neuro: awake, alert, O x 3, CN II-XII intact, normal strength, normal sensation, DTRs symmetric

Psychiatric: normal mood, normal affect

1. Spinal stenosis: agree with plan for PT, consideration of surgery if fails

2. Urinary retention: concern for neurologic cause, however, this seems not to be the case based on exams by urology and neurology - will follow

Keith Roach, MD

03/22/01 10:47
50-27-9

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
 CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
 NYH # 228-41-47
 08/16/01 00:00

Patient Name: ALFANO, STEVEN
 History #: ?
 Accession #: 59217805
 Soc Security: 099449648
 Date of Birth: 01/14/58
 Sex: M
 Ordered by:
 Specimen Date: 08/16/2001 00:00
 Report Date: 08/16/2001 23:39
 Status: Final

COMP METABOLIC PANEL
 GLUCOSE, FASTING

mg/dL 65-109

Glucose was performed on the gray-top tube that we received with your chem-screen order. If you have any questions or concerns, please call our client services department at 800-631-1390.

SODIUM	140	mmol/L	135-146
POTASSIUM	4.2	mmol/L	3.5-5.3
CHLORIDE	102	mmol/L	98-110
CARBON DIOXIDE	22	mmol/L	21-33
UREA NITROGEN	22	mg/dL	7-25
CREATININE	1.1	mg/dL	0.5-1.4
BUN:CREATININE RATIO	20.0		6.0-25.0
CALCIUM	9.4	mg/dL	8.5-10.4
PROTEIN, TOTAL	7.3	g/dL	6.0-8.3
ALBUMIN	4.5	g/dL	3.5-4.9
GLOBULIN, CALCULATED	2.8	g/dL	2.2-4.2
A/G RATIO	1.6		0.8-2.0
BILIRUBIN, TOTAL	0.65	mg/dL	0.20-1.50
ALKALINE PHOSPHATASE	97	U/L	20-125
AST	16	U/L	2-50
ALT	29	U/L	2-60
HEMOGRAM & PLATELET COUNT			
WBC	7.6	Thous/cu.mm	3.9-11.1
RBC	5.15	Mil/cu.mm	4.20-5.60
HEMOGLOBIN	15.1	g/dL	13.2-16.9
HEMATOCRIT	44.6	Percent	38.5-49.0
MCV	86	fL	80-97
MCH	29.4	pg	27.4-33.5
MCHC	34.0	Percent	32.0-36.0
RDW	12.5	Percent	11.0-15.0
PLATELET COUNT	249	Thous/cu.mm	140-390
MPV	8.2	fL	7.5-11.5
GLUCOSE	96	mg/dL	65-125

The glucose reference range is based on a non-fasting state.

08-08-01
 50:07:09

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
 CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
 NYH # 228-41-47
 01/18/02 00:00

Patient Name: ALFANO, STEVEN
 History #: 228-4147
 Accession #: 98174556
 Soc Security: 099-149648
 Date of Birth: 01/14/58
 Sex: M
 Ordered by:
 Specimen Date: 01/18/2002 00:00
 Report Date: 01/19/2002 08:18
 Status: Final

COMP METABOLIC PANEL

ALT	33	U/L	2-60
AST	19	U/L	2-50
ALKALINE PHOSPHATASE	107	U/L	20-125
A/G RATIO	1.6		0.8-2.0
GLOBULIN, CALCULATED	2.8	g/dL	2.2-4.2
ALBUMIN	4.5	g/dL	3.5-4.9
PROTEIN, TOTAL	7.3	g/dL	6.0-8.3
CALCIUM	9.6	mg/dL	8.5-10.4
BUN/CREATININE RATIO	15.5		6.0-25.0
CREATININE	1.1	mg/dL	0.5-1.4
UREA NITROGEN	17	mg/dL	7-25
CARBON DIOXIDE	22	mmol/L	21-33
CHLORIDE	103	mmol/L	98-110
POTASSIUM	4.2	mmol/L	3.5-5.3
GLUCOSE, FASTING		mg/dL	65-109

Glucose was performed on the gray-top tube that we received with your chem-screen order. If you have any questions or concerns, please call our client services department at 800-634-1390.

SODIUM	142	mmol/L	135-146
POTASSIUM	4.2	mmol/L	3.5-5.3
CHLORIDE	103	mmol/L	98-110
CARBON DIOXIDE	22	mmol/L	21-33
UREA NITROGEN	17	mg/dL	7-25
CREATININE	1.1	mg/dL	0.5-1.4
BUN/CREATININE RATIO	15.5		6.0-25.0
CALCIUM	9.6	mg/dL	8.5-10.4
PROTEIN, TOTAL	7.3	g/dL	6.0-8.3
ALBUMIN	4.5	g/dL	3.5-4.9
GLOBULIN, CALCULATED	2.8	g/dL	2.2-4.2
A/G RATIO	1.6		0.8-2.0
BILIRUBIN, TOTAL	0.45	mg/dL	0.20-1.50
ALKALINE PHOSPHATASE	107	U/L	20-125
AST	19	U/L	2-50
ALT	33	U/L	2-60
PTT	30.9	Seconds	22.0-34.3
PROTHROMBIN TIME			
INR	0.93	Ratio	0.90-1.10
No Anticoagulant, Normal 0.9 - 1.1			
Oral Anticoagulant, Standard Dose 2.0 - 3.0			
Oral Anticoagulant, High Dose 2.5 - 3.5			

GLUCOSE	101	mg/dL	65-125
---------	-----	-------	--------

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
01/18/02 00:00
Page# 2

The glucose reference range is based on a non-fasting state.

CBC W/ DIFF & PLT

WBC	11.2	Thous/mcL	3.8-10.8
RBC	5.10	Mill/mcL	4.20-5.80
HEMOGLOBIN	15.2	g/dL	13.2-17.1
HEMATOCRIT	44.1	%	38.5-50.0
MCV	86.5	fL	80.0-100.0
MCH	29.8	pg	27.0-33.0
MCHC	34.4	g/dL	32.0-36.0
RDW	13.2	%	11.0-15.0
PLATELET COUNT	267	Thous/mcL	140-400
MPV	8.2	%	7.5-11.5
TOTAL NEUTROPHILS.%	66.4	%	
TOTAL LYMPHOCYTES.%	24.0	%	
MONOCYTES.%	6.1	%	
EOSINOPHILS.%	2.8	%	
BASOPHILS.%	0.7	%	
NEUTROPHILS.ABSOLUTE	4781	cells/mcL	1500-7800
LYMPHOCYTES.ABSOLUTE	1728	cells/mcL	850-3900
MONOCYTES.ABSOLUTE	439	cells/mcL	200-950
EOSINOPHILS.ABSOLUTE	202	cells/mcL	50-550
BASOPHILS.ABSOLUTE	50	cells/mcL	0-200

DIFFERENTIAL

An instrument differential was performed.

Please note new reference range

URINALYSIS.COMPLETE

COLOR	Yellow	Yellow
APPEARANCE	Clear	Clear
GLUCOSE.QL	Negative	mg/dL Negative
BILIRUBIN	Negative	Negative
KETONES	Negative	mg/dL Negative
SPECIFIC GRAVITY	1.030	1.001-1.030
BLOOD	Negative	Negative
PH	7.0	5.0-8.0
PROTEIN.TOTAL.QL	30 (1+)	mg/dL Negative
NITRITE	Negative	Negative
LEUKOCYTE ESTERASE	Negative	Negative
SQUAMOUS EPITHELIAL CELLS	3-5	/hpf 0-5/hpf
WBC	0-2	/hpf 0-3/hpf
BACTERIA	None	/hpf None
RBC	0-2	/hpf 0-2/hpf
MUCUS	Trace	/hpf

2700-04010
50-01-9

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
01/18/02 08:39

Progress Note: Steven Alfano / January 18, 2002

CIMA/GMC Pre-operative Evaluation

Requested by: Dr. Michael Alexiades

Referring Physician's address/telephone #: 159 E 74th St., New York

fax 212 439 6855

Planned surgery: arthroscopic shoulder surgery, decompression

Surgery date: 1/17/02

HPI: 44 year old man with R shoulder separation, operated on before for rotator cuff tear, now for arthroscopic decompression. Major complaint is pain, limitation of movement.

PMH: severe spinal stenosis - L5-S1

HTN - good control

headaches - relieved by imitrex

Coronary artery disease: none

Diabetes mellitus requiring therapy other than diet: never

COPD: no diagnosis, no symptoms

Asthma: none

PSH: previous shoulder surgery, tonsils, soft palate reduction for sleep apnea

Pbx: HTN, no CAD

Sfx: lives with wife, 2 children

Work: trying to get disability, unable to work secondary to back pain

Relationships: lives with wife, stressed about financial issues, health concern

Cigarette use: 30 pack-years

Alcohol: rare

Drugs: no

Health maintenance:

Immunizations:

Last Td: doesn't remember

Flu vaccine: doesn't want

Pneumovax: not indicated

PPD: not indicated

Current Medications: viox 50 qd

lisinopril 10 qd

prevacid 30 q HS

ASA 81 mg qd

imitrex nasal spray 20

Allergies:

codeine - nausea

Review of Systems:

STOP-0100
50-0100

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
01/18/02 08:39
Page# 2

Problems with anesthesia: never
Bleeding problems: none
Exercise: limited by spinal stenosis, limited by back pain, weakness in leg
Blocks walked before needing to rest: <1
Flights of steps climbed before needing to rest: 1
Reason for stopping: loss of strength in legs
Pulm: no problems
Card: no chest discomfort or palpitations
GI: constipation
GU: urinary retention, evaluated by urology - not felt to need treatment

Objective:

BP Right: 140/104 Left: 140/100 Pulse: 88 Wt: 298 Ht: 6'3"
HEENT: PERLL, EOMI w/out nystagmus, discs flat B, no H/E.
OP/TMs and nares ch. no sinus tenderness.
Neck: no LN, no myromegaly/nodules, carotids 2+B, no bruits.
Lungs and Chest: CTA and P. No axillary or SC LN.
Cor: PMI nontender, nondisplaced. RRR s1s2, no m/g/r.

Back: no spinous tenderness or scoliosis. No CVAT.
Abd: BS active, NT, ND, no HSM.
Rectal:
Lymphatics: No axillary, supraclavicular, or inguinal LAN.
Ext: DP 2+ B, no edema.
M/S: moderate R shoulder impingement
Neuro: Nonfocal. Strength 5/5 B UE and LE. DTRs 2+ throughout.
Skin: No rashes or dysplastic nevi.
GU: testes NL size, no masses, no scrotal masses, no inguinal hernia B.

Data (as clinically indicated):

Chemistry battery:
CBC:
PT/PTT:
ECG:
Chest X-ray:
Stress test: not indicated

Impression:
low risk for planned procedure

Recommendations:

Keith Roach, MD

2100-44010
90-21-9

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
02/12/02 14:09

Progress Note: Steven Alfano / February 12, 2002

Subjective: 44 year old man with
spinal stenosis
needs evaluation for social security

Objective:

BP 130/90 P 88 bpm Wt 300 lbs Height 6ft 3in
quads 4/5
+ SLR bilaterally
nl sensation
decreased L patellar reflex

Current Medications:

TRIAMCINOLONE 0.1% CREAM / apply bid
VIOXX 50MG TABLET / 1 tab po qd
CELEXA 20MG TABLET / 1 po qd
ZESTRIL 20MG TABLET / 1 po qd
PREVACID 30MG CAPSULES / 1 po qd
IMITREX NASAL SPRAY 20MG/SPRAY / 1 spray intranasally prn
IMITREX 50MG TABLET / 1-2 tabs with onset of migraine
ASPIRIN 81MG TABLET EC / 1 po qd

Allergies:

Impression:

Plan:
forms filled out
f/u with surgery prn

RTC

Keith Roach, MD

228-41-47
50-27-9

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
05/23/02 12:29

HSS

MRI LOWER EXTREMITY

Dr. Michael Alexiades

IMPRESSION:

Magnetic resonance imaging of the right hip demonstrating superficial cartilage loss over the hip joint, borderline acetabular dysplasia and a torn, hyperplastic and degenerated anterior acetabular labrum.

There is a marrow replacement process affecting the left femur which overall has a non-aggressive appearance. Differential possibilities are noted, as above.

Dictated by Hollis Potter M.D.

0720-04310
50-27-9